

Membership Renewal Form



Full Member	\$80
Concession Member*	\$70
Associate Member**	\$10
DVA Gold Card Holder***	Exempt

* Any government Concession Card holders; copy of card required

** Stoma Appliance Scheme products not required

*** Paid by Department of Veterans' Affairs

TAX INVOICE

ABN 51 610 218 338

All correspondence to:

NSW Stoma Limited

PO Box 164, Camperdown NSW 1450

Unit 5, 7-29 Bridge Road,

Stanmore NSW 2048

1300 678 669 / (02) 9565 4315

Fax: (02) 9565 4317

info@nswstoma.org.au

www.nswstoma.org.au

PLEASE COMPLETE ALL DETAILS

Membership Number: _____

First Name: _____ Last Name: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Delivery Address (if different from above): _____

Suburb: _____ Postcode: _____

Email (for member notifications): _____

Phone (H): _____ (M): _____ (for SMS notifications including delivery updates)

Medicare Number: _____ Exp: _____ / _____

Pension/DVA Number (if applicable): _____ Exp: _____ / _____

* Copy of Medicare card required (if not previously supplied); Copy of Pension/DVA card required to access concession pricing

Privacy Notice: Your personal information is important to us and is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles. We will only collect personal information that is necessary for us to meet or fulfil our responsibilities to you, including providing you with ostomy products supported through the Commonwealth Stoma Appliance Scheme. Your personal information may be disclosed to Services Australia, the Department of Health and Aged Care, the Australian Council of Stoma Associations, your Stoma Nurse, your medical practitioner, another Stoma Association, a person authorised by you, or another third party for purposes closely related to the primary purpose for which it has been collected and where you would reasonably expect us to disclose your information. We will not share your information for marketing purposes or with overseas recipients without your consent. If you do not provide your personal information, you will be ineligible to receive support from NSW Stoma Ltd. A full copy of our Privacy Policy is available from our website (www.nswstoma.org.au) or by requesting a copy from our office.

Consent: By renewing your membership with NSW Stoma Ltd you are consenting to the collection of your personal information, including sensitive information, for purposes associated with that membership and for your participation in the Stoma Appliance Scheme. You are also consenting to us sharing your information with a person nominated by you as an alternative contact and you can withdraw this consent at any time by contacting NSW Stoma by phone or email.

A full copy of the NSW Stoma Ltd Constitution, Privacy Policy, Confidentiality Policy, Complaints Policy, Charter of Service, and Member Code of Conduct is available on our website or by contacting us. By renewing your membership with NSW Stoma you agree to abide by the Association Rules and Member Code of Conduct, and to pay our annual subscription as prescribed and any other costs incurred through your participation in the Commonwealth Stoma Appliance Scheme.

PAYMENT

Important note: To ensure there is no disruption to the supply of appropriate products, members must comply with the government regulations that all members must be up to date with the required fees. All memberships to NSW Stoma Ltd expire on 30 June each year regardless of the date joined. Your access fee to the Stoma Appliance Scheme (SAS) is included in your membership to NSW Stoma Ltd and this fee is due on 30th June each year for the following financial year (July-June).

Membership Fee	Due in June (see previous page)	\$ _____
Postage	Standard postage for one-month supply in NSW is \$17	\$ _____
Donation	Donations of \$2 or more are tax deductible	\$ _____
Total Due		\$ _____

Please acknowledge my donation*

*You agree to be acknowledged in the NSW Stoma journal and in other NSW Stoma communications. We will not acknowledge your donation publicly unless you agree by ticking this box.

Payment Method:

Direct Deposit: **Acc. Name:** NSW Stoma Ltd **BSB:** 012 205 **Acc. No:** 299264819 **Ref:** Name & Member No.

Cheque: Please address to: NSW Stoma Ltd, PO Box 164, Camperdown NSW 1450

Mastercard or Visa: Cardholder's name (as it appears on card): _____

Card number:

Expiry:

/

THANK YOU

This form and payment should be forwarded together to **NSW Stoma Limited**, PO BOX 164, Camperdown or by email (memberships@nswstoma.org.au) or fax to (02) 9565 4317. We look forward to continuing to serve and assist you as one of our valued members.