

MEMBERSHIP APPLICATION & FIRST ORDER FORM



Unit 5, 7-29 Bridge Road,
Stanmore NSW 2048
1300 678 669 / 02 9565 4315
Fax: 02 9565 4317
www.nswstoma.org.au
info@nswstoma.org.au

First Name: _____ Last Name: _____

Delivery Address: _____

Email (for member notifications): _____

Phone (M): _____ (H): _____

Medicare No. (copy required)*: Ref. No.: Exp: _____ / _____

Pension/Concession CRN (copy required)*: _____ Exp: _____ / _____

Date of Birth: _____ / _____ / _____ Veteran Affairs No. (if applicable)*: _____

Please indicate if you are a **responsible person*** signing on behalf of the applicant.

Name: _____ Relationship to Applicant: _____ Phone: _____

* A **responsible person** can be a parent, child, or sibling who is at least 18 years old; a spouse or de facto partner; a relative who is at least 18 years old and a member of the applicant's household; a legally appointed guardian; an enduring power of attorney; or a person with whom the applicant has an intimate personal relationship.

* Copies of Medicare, DVA, or Pension/Concession Card (if applicable) must be provided. Without a valid copy, full member fee applies. If enduring power of attorney or enduring guardian, please supply copy.

My ostomy is a . . . Temporary ostomy Permanent ostomy

Type: Colostomy Ileostomy Urostomy Other: _____

Date of Operation: _____ / _____ / _____ Hospital: _____

This form must be accompanied by a completed Stoma Appliance Scheme Application Form from your GP or stomal therapy nurse.

APPLICANT DECLARATION AND CONSENT

Privacy Notice: Your personal information is important to us and is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles. This means we will only collect personal information that is necessary for us to meet or fulfil our duties to you, including providing your ostomy products through the Commonwealth Stoma Appliance Scheme (SAS). 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 or medical practitioner, another stoma association, person(s) authorised by you, or another third party for purposes 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 (NSL). A full copy of our privacy policy is available upon request and is also accessible on our website (www.nswstoma.org.au) or by requesting a copy from NSL.

Consent: By signing this form, I consent to the collection of my personal information, including sensitive information, for purposes associated with my membership with NSL and for my participation in the Stoma Appliance Scheme. I give consent to NSL to share my information with the person(s) nominated as an alternative contact in this application. I understand that I can withdraw this consent at any time by contacting NSL by phone or email.

I acknowledge that 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 the NSL website or by contacting NSL. I agree to abide by the Association Rules and Member Code of Conduct, and to pay the NSL annual subscription as prescribed and any other costs incurred through my participation in the Commonwealth Stoma Appliance Scheme.

Full Name

Signature

Date

Supply Order Form

Annual Membership Fee and Access Fee to the Stoma Appliance Scheme (SAS)

(per Government guidelines)

Full Member: \$80 Concession Member*: \$70

Associate Member: \$10 DVA Gold Card Holder: Exempt

* Pension and Concession Card holders

APPLIANCE/ITEM	BRAND	CODE NO. ON BOX	QTY. IN PACK	NO. OF PACKS	TOTAL (QTY. IN PACK × NO. OF PACKS)

DELIVERY METHOD: Pick Up Postal Delivery Deliver to an Alternative Address

Alternative Address: _____

DUE: POSTAGE waived for first order; standard for one month supply is \$17
 ANNUAL MEMBERSHIP FEE includes set-up fee; expires 30th June regardless of date joined
 DONATION donations of \$2 or more are tax deductible

TOTAL: \$

PAYMENT:

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 with your completed Department of Health and Aged Care Stoma Appliance Scheme Application Form to: **NSW Stoma Limited, PO BOX 164, Camperdown** or by email (info@nswstoma.org.au) or fax to **02 9565 4317**.