

NSW Stoma Limited

ABN 51 610 218 338

Membership Application



nswstoma
LIMITED

Annual Stoma Scheme access fee

(per Government guidelines)

Full Member: \$60.00 **Concession Member*: \$50.00**
Associate Member: \$10.00 **DVA: Exempt**
 Plus **\$12 postage/handling** waived for 1st delivery.

*Pensioner and Commonwealth Health Card holders.

All correspondence to: NSW Stoma Limited
 PO Box 164, Camperdown NSW 1450

Unit 5, 7-29 Bridge Road, Stanmore NSW 2048
 Tel: 1300 678 669 / (02) 9565 4315

Fax: (02) 9565 4317 Email: info@nswstoma.com.au
 Web: www.nswstoma.com.au

Stoma Scheme Access Fee for new Members joining NSW Stoma Limited between:

Membership type	Full	Concession	Associate	DVA		Full	Concession	Associate	DVA
1 July to 30 September	\$60	\$50	\$10	Exempt	1 January to 31 March	\$30	\$25	\$10	Exempt
1 October to 31 December	\$50	\$40	\$10	Exempt	1 April to 30 June	\$20	\$15	\$10	Exempt

I hereby apply to be enrolled as a Member of NSW Stoma Limited

(Tick whichever applies) Full Member Concession Member

BLOCK LETTERS PLEASE

Name: Mr / Mrs / Miss _____
Surname Given Names

Residential address: _____
Postcode: _____

Postal address (if different from above): _____
Postcode: _____ Telephone No: _____

Email: _____ Medicare No: _____

Occupation: _____ Health Card No. (if applicable): _____

Date of birth: ____ / ____ / ____ (dd/mm/yyyy) Pension No. (if applicable): _____

Marital status: Married Single Veteran Affairs (if applicable): _____

Declaration:

I hereby declare that I reside at the above address AND that I am a permanent resident of Australia.

Signature of new Member Date ____ / ____ / ____ (dd/mm/yyyy)

Details of Ostomy operation (Tick applicable box)

Date of operation: ____ / ____ / ____ (dd/mm/yyyy) Temporary Ostomy Permanent Ostomy

Type of Ostomy? Colostomy Ileostomy Urostomy Other? _____

Hospital: _____ Signature of Doctor or Stomal Sister: _____

Your Doctor or Stomal Sister must sign above unless a separate certificate is attached.

(Please circle applicable)

Please accept my payment of \$ _____ by: Cash/Cheque/Money order/Credit card

Card type: Only Mastercard or Visa accepted

Cardholder's name (as appearing on card): _____

Card number:

Expiry: ____ / ____ (mm/yyyy) **Cardholder's signature:** _____

- NOTE:**
- Declaration** section above must be signed by the new member.
 - Pension number** must be provided above otherwise we are unable to register them as Concession Member and they must pay the Full Member fee.
 - Cheques and Money Orders should be made payable to the NSW Stoma Limited.
 - Membership Application form and payment should be forwarded *together with the Australian Government A. B. form to:*
NSW Stoma Limited, PO Box 164, Camperdown NSW 1450