



Membership Renewal Form

Please renew my membership with the Company for the next financial year.

I am a: Full member \$60.00
Concession member \$50.00
Associate member \$10.00
DVA Exempt

TAX INVOICE

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

PLEASE PRINT CLEARLY (*Enclose the appropriate fee*)

Membership No: _____

Name: Mr / Mrs / Miss _____
Surname *Given Names*

Residential address: _____

Postcode: _____

Telephone No: _____ Email: _____

I declare that I reside at the above address: _____
Signature

Medicare No: _____

Pensioner member. Please quote your Pension Number: _____

ASSOCIATE MEMBERS ARE:

- Reversed Members who wish to remain with us and to continue receiving the Journal.
- Hospitals, Doctors and Nursing Sisters who wish to receive copies of the Journal twice yearly.

Please complete and return this membership renewal form, together with your cheque, money order or credit card details with a STAMPED SELF-ADDRESSED ENVELOPE FOR THE RETURN OF YOUR RECEIPT.

IF YOU DO NOT REQUIRE THE SERVICES OF NSW STOMA LIMITED, PLEASE LET THE OFFICE KNOW.

These fees are due on 30 June.

(Please circle applicable)

Please accept my membership renewal 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: _____

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.