



Notification of Transfer from (Association) to another Association

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

To: The Secretary

(Association) _____

_____ Postcode: _____

Telephone: _____ Facsimile: _____

We would like you to know that the member of this Association as stated below wishes to transfer membership to your Association in order to continue to receive their ostomy supplies.

Yours sincerely,

On behalf of (Association)

Date: ____ / ____ / ____ (dd/mm/yyyy)

Surname: _____

Given names: _____

Residential Address: _____

_____ Postcode: _____

Telephone: _____ Facsimile: _____

Appliance Entitlement No: _____ Medicare No: _____

Pension details: _____

Current Financial Member: Yes No

Current Appliances: _____

Date of supply last issued: ____ / ____ / ____ (dd/mm/yyyy)