



## Membership Renewal Form

**Please renew my membership with the Company for the financial year 2018.**

- Full Member \$60.00   
Concession Member \$50.00   
Associate Member\* \$10.00   
DVA Gold Card Holder Exempt

*\*Members who do not receive appliances.*

### 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

*(Enclose the appropriate fee)*

Membership No: \_\_\_\_\_

Title: \_\_\_\_\_  
Surname Given Names

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address *(if different from above)*: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Pension No. *(if applicable)*: \_\_\_\_\_

### Declaration:

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

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

*Signature of new Member*

### **PLEASE PAY MEMBERSHIP RENEWAL PAYMENT ONLY.**

Please complete and return this membership renewal form, together with your cheque, money order or credit card.

Please allow up to 10 business days for your payment to be processed.

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

**These fees are due on 30 June 2018.**

Please accept my payment of \$ \_\_\_\_\_ by: \_\_\_\_\_ *(Please select applicable)*

**Card type:** Only Mastercard or Visa accepted

**Cardholder's name** *(as appearing on card)*: \_\_\_\_\_

**Card number:**

**Expiry:** \_\_\_\_\_ / \_\_\_\_\_ *(mm/yy)*

**Cardholder's signature:** \_\_\_\_\_