



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: _____