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| --- |
| Membership Number (Office Use Only) |

**6/555 Princes Highway Kirrawee NSW 2232**

**P O Box 3068**

**Kirrawee NSW 2232**

**Tel (02) 9542 1300**

**Fax (02) 9542 1400**

**orders@ostomynsw.org.au**

**Version: July 2020**

**Application for Membership**

**The information you provide is collected and used by Ostomy NSW Limited only for the purpose of supplying you with products under the Stoma Appliance Scheme and is protected under the provisions of privacy legislation.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  | | First Name(s) | |  |
| Title | | Date of Birth | | Gender Language other than English | |
| Mr Mrs Ms Dr | | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | | M F | |

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| --- | --- | --- | --- | --- | --- |
| Home Phone No. | | Mobile Phone No. | | Work Phone No. | |
|  | |  | |  | |
| e-mail address  used for deliveries | tick if not member’s email address  (Associate member) | | | | |
| I want information about benefits of being a support Associate Member: (mobile) | | | | | |
| Residential Address | | | | | |
| Unit/St No. | Street | | Suburb | | Post Code |
|  |  | |  | |  |
| Address for Delivery of Supplies (if different to Residential Address) | | | | | |
| Unit/St No. | Street | | Suburb | | Post Code |
|  |  | |  | |  |
| Add here any special instructions for deliveries | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Please attach copies of Medicare Card and (if applicable) Pension Card** | | | | | |
| Medicare No. | | Concession Pension No. | | | |
| Type of Operation | | | | | |
| Ileostomy | Colostomy | | Urostomy | | Other |
| Date of Operation | Name of Hospital | | | Name of Stomal Therapy Nurse | |
|  |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SAS Access Fee + ONL  Membership Required | | | | Full Member **$70**  ($60 + $10 p.a.) | | | Pensioner **$60**  ($50 + $10 p.a.) | | | Permanent | | Temporary |
| Payment Method | | | | | | | | | | | | |
| Cheque | | Money Order | | | | Cash | | | EFT | | Credit Card | |
| Name on Credit Card | | | | | Credit Card No | | | | | | Expiry Date CVC | |
|  | | | | | \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ | | | | | | \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ | |
| EFT Payments to: | | | BSB 112-879 Account No. 456643389 Ostomy NSW Limited  (identify your payment with your name) | | | | | | | | | |
| I understand that as an Ostomy NSW Limited (ONL) member, I am entitled to voting rights at the Annual General Meeting of ONL and I am eligible for election as a Director. I agree to be bound by the Constitution of ONL as a non-listed Not-for-profit public company limited by guarantee.  I consent to journals, raffle tickets, various information, and offers to be sent to me &/ or Associate Member. | | | | | | | | | | | | |
| Signature |  | | | | | | | Date | |  | | |