



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	Other

Home Phone No.		Mobile Phone No.		Work Phone No.	

e-mail address used for deliveries	tick if not member's email address (Associate member)				
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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

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
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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