



Version: July 2024

Unit 3/228 Taren Point Road
 Caringbah NSW 2229
 P O Box 3068
 Kirrawee NSW 2232
 Tel (02) 9542 1300 | Fax (02) 9542 1400
 newmembers@ostomynsw.org.au

Membership Number (Office Use Only)

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
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>		___ / ___ / ___	M <input type="checkbox"/> F <input type="checkbox"/>
Language other than English			
Home Phone No.		Mobile Phone No.	Work Phone No.
e-mail address used for deliveries		tick if not member's email address <input type="checkbox"/> (Associate member)	
<input type="checkbox"/> 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 (11 digits) and (if applicable) Pension Card			
Medicare No. _____ Ref No. ____		Valid to: ____ / ____	
Concession Pension No. _____		Valid To: ____ / ____ / ____	
Type of Operation			
<input type="checkbox"/> Ileostomy	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Urostomy	<input type="checkbox"/> Other
Date of Operation	Name of Hospital	Name of Stomal Therapy Nurse	

SAS Access Fee Required		<input type="checkbox"/> Full Member \$80	<input type="checkbox"/> Pensioner \$70	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Payment Method					
Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/>	EFT <input type="checkbox"/>	Credit Card <input type="checkbox"/>	
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)
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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