

# Colostomy Association of NSW (Inc.)

ABN 17 943 623 474



## Membership Application

### Annual Stoma Scheme access fee

(per Government guidelines)

**Full Member: \$45.00 Concession Member\*: \$35.00**

Plus **\$11 postage/handling** if initial order is to be posted.

\*Pensioner and Commonwealth Health Card holders.

Unit 5, 7-29 Bridge Road, Stanmore NSW 2048

All correspondence to:

CA of NSW, PO Box 164, Camperdown NSW 1450

Tel: (02) 9565 4315 Fax: (02) 9565 4317

Email: ostomy@iinet.net.au

### I hereby apply to be enrolled as a Member of the Colostomy Association of NSW (Inc.)

(tick whichever applies)  Full Member  Concession Member

BLOCK LETTERS PLEASE

Name: Mr / Mrs / Miss \_\_\_\_\_  
Surname Christian or Given Names

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

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

Telephone No: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Occupation: \_\_\_\_\_ Health Card No. (if applicable): \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (d/m/y) Pension No. (if applicable): \_\_\_\_\_

Marital status:  Married  Single Veteran Affairs (if applicable): \_\_\_\_\_

### Declaration:

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

\_\_\_\_\_  
Signature of new Member Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (d/m/y)

### Details of Ostomy operation (Tick applicable box)

Date of operation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (d/m/y)  Temporary Ostomy  Permanent Ostomy

Type of Ostomy?  Colostomy  Ileostomy  Urostomy  Other? \_\_\_\_\_

Hospital: \_\_\_\_\_ Signature of Doctor or Stomal Sister: \_\_\_\_\_

Your Doctor or Stomal Sister must sign above unless a separate certificate is attached.

Please accept my payment of \$ \_\_\_\_\_ by: Cash / Cheque / Money order / Credit card (please circle applicable)

Card type: Mastercard / Visa

Card holder's name (as appearing on card): \_\_\_\_\_

Card number:

Expiry: \_\_\_\_ / \_\_\_\_ (m/y) Card holder's signature: \_\_\_\_\_

- NOTE:**
1. **Declaration** section above must be signed by the new member.
  2. **Pension number** must be provided above otherwise we are unable to register them as Concession Member and they must pay the Full Member fee.
  3. Cheques and Money Orders should be made payable to the Colostomy Association of NSW.
  4. Membership Application form and payment should be forwarded *together with the Australian Government A. B. form to: CA of NSW, PO Box 164, Camperdown NSW 1450*