



Membership Renewal Form

Please renew my membership with the Association for the next financial year.

I am an: Ordinary member: \$45.00

 Pensioner member \$35.00

 Associate member \$5.00

TAX INVOICE

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

PLEASE PRINT CLEARLY (*Enclose the appropriate fee.*)

My membership number is: _____

My name is: _____

My address is: _____

_____ Postcode: _____

Telephone No: _____

I declare that I reside at the above address: _____

Signature

Medicare No: _____

Pensioner member. Please quote your Pension Number: _____

ASSOCIATE MEMBERS ARE:

- Reversed Members who wish to remain with us and to continue receiving the Journal.
- Hospitals, Doctors and Nursing Sisters who wish to receive copies of the Journal twice yearly.

Please complete and return this membership renewal form, together with your cheque, money order or credit card details with a STAMPED SELF-ADDRESSED ENVELOPE FOR THE RETURN OF YOUR RECEIPT AND CARD.

IF YOU DO NOT REQUIRE THE SERVICES OF THE COLOSTOMY ASSOCIATION, PLEASE LET THE OFFICE KNOW.

These fees are due on 30th June.

(Please circle applicable)

Please accept my membership renewal payment of \$ _____ by: Cash / Cheque / Money order / Credit card

Card type: Mastercard / Visa (*minimum \$33.00*)

Card holder's name (*as appearing on card*): _____

Card number:

Expiry: _____ / _____ (*m/y*)

Card holder's signature: _____

To ensure there is no disruption to the supply of appropriate products, members must comply with the government regulations that all members must be up to date with the required fees.