

Colostomy Association of NSW (Inc.)

ABN 17 943 623 474



Notification of Transfer from (Association) to another Association

PO Box 164
Camperdown NSW 1450

Tel: (02) 9565 4315
Fax: (02) 9565 4317
Email: ostomy@iinet.net.au

To: The Secretary

(Association) _____

_____ Post Code: _____

Telephone: _____ Facsimile: _____

We would like you to know that the member of this Association as stated below wishes to transfer membership to your Association in order to continue to receive their ostomy supplies.

Yours sincerely,

On behalf of (Association)

Date: _____ / _____ / _____ (d/m/y)

Surname: _____

Given names: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Facsimile: _____

Appliance Entitlement No: _____ Medicare No: _____

Pension details: _____

Current Financial Member: Yes No

Current Appliances: _____

Date of supply last issued: _____ / _____ / _____ (d/m/y)