ONL
OSTOMY NSW LIMITED
ABN 92 003 107 220

Version: July 2023

Membership Number (Office Use Only)

20-22 Yalgar Road (Ground Floor)
Kirrawee NSW 2232
P O Box 3068
Kirrawee NSW 2232
Tel (02) 9542 1300 | Fax (02) 9542 1400
newmembers@ostomynsw.org.au

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 ☐	

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

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

☐ 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

☐ Ileostomy	☐ Colostomy	☐ Urostomy	☐ Other

Date of Operation	Name of Hospital	Name of Stomal Therapy Nurse

SAS Access Fee + ONL Membership Required	☐ Full Member **$75**	☐ Pensioner **$65**	☐ Permanent	☐ Temporary

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	