



6/555 Princes Highway  
Kirrawee NSW 2232  
PO Box 3068  
Kirrawee DC NSW 2232  
Tel (02) 9542 1300  
Fax (02) 9542 1400  
ostomy@bigpond.com  
www.ostomynsw.org.au

The Office Manager  
Ostomy NSW Limited  
PO Box 3068  
Kirrawee NSW 2232  
FAX: (02) 9542 1400

### APPLICATION FOR MEMBERSHIP

ONL Membership Number		Application Date: ____ / ____ /20__		
Mr Mrs Miss Ms	Surname:		Date of Birth: ____ / ____ / ____	
	First Name/s:		Sex: <b>M</b> <b>F</b>	
Telephone:		Home: _____ Work: _____		
Mobile: _____		Email: _____		
Address:	<b>Unit/Street No and Street Name</b>	<b>Suburb/Town</b>	<b>State</b>	<b>Postcode</b>
Residential:				
Postal:				
Delivery Notes:				
Employed:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Occupation: _____	<input type="checkbox"/> \$45 Full Member	<input type="checkbox"/> \$35 Concession Pensioner
Medicare No: _____	Concession pension no: (photocopy encl.) _____			
Type of operation:		Hospital name: _____		
<input type="checkbox"/> Ileostomy		<input type="checkbox"/> Urostomy		Date of operation: _____
<input type="checkbox"/> Colostomy		<input type="checkbox"/> Fistula <input type="checkbox"/> Other (give details)		
Membership is:		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Name of Stoma Therapy Nurse (STN): _____				
<p><i>I understand that as an Ostomy NSW Limited (ONL) member, I am entitled to voting rights at the Annual General Meeting of ONL and am eligible for election as a Director. I agree to be bound by the Constitution of ONL, as a not-for-profit company limited by guarantee. I request that this application for membership be submitted to the ONL Board of Directors for approval.</i></p>				
Signature - member or representative		<b>x</b>		