



Membership Number (Office Use Only)

6/555 Princes Highway
 Kirrawee NSW 2232
 PO Box 3068
 Kirrawee DC NSW 2232
 Tel (02) 9542 1300
 Fax (02) 9542 1400
 info@ostomynsw.org.au
 www.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
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>		----- / ----- / -----	M <input type="checkbox"/> F <input type="checkbox"/>

☎ Home Phone No.	☎ Mobile Phone No.	☎ Work Phone No.
✉ e-mail address (if applicable)		

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 and (if applicable) Pension Card	
Medicare No.	Concession Pension No.

Type of Operation				
<input type="checkbox"/> Ileostomy	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Urostomy	<input type="checkbox"/> Fistula	<input type="checkbox"/> Other
Date of Operation	Name of Hospital		Name of Stomal Therapy Nurse	

Type of Membership Required	<input type="checkbox"/> Full Member (\$45 p.a.)	<input type="checkbox"/> Concession Pensioner (\$35 p.a.)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
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Payment Method				
Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/>	EFT <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Name on Credit Card		Credit Card No		Expiry Date
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EFT Payments to:	BSB 112-879 Account No. 0456643389 Ostomy NSW Limited (Identify your payment with the words "New Member Fees")			

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.

Signature	Date
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