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To all ONL Members

MEMBER DETAILS UPDATE

Please help us to update and complete our records by filling in your details on the reverse and returning with your next order or by fax 9542 1400. Scanned forms may also be emailed.

[] Please cross or tick in brackets as appropriate.

Delivery notes: Please indicate if deliveries need to be marked for the attention of someone else or are to be delivered to a particular place at the address or if the Austpost courier needs to know anything about the delivery address.

All information is held confidentially and will help your association in understanding our members' needs so we can continue to improve.

In addition, please note:

- Please let us know when membership is no longer required
- Membership fee is payable on joining and in June each year thereafter
- Member counter and telephone service hours at Kirrawee are

Mon through Thu 9:00 am to 2:00 pm

We will ask our members for an update annually and please let us know if there any changes to your circumstances at any time.

Yours sincerely

ONL Board and Management

The Office Manager
 Ostomy NSW Limited
 PO Box 3068
 Kirrawee NSW 2232

CONFIDENTIAL

FAX: (02) 9542 1400

My details for ONL confidential records as requested.

Membership Number:		Date Joined:		Today's Date: / /20	
Mr Mrs Miss Ms Dr Prof Sr		Surname:		Date of birth:	
First Name/s				Sex: M F	
Telephone: Home:		Work:		Mobile:	
Email:		@			
Address		Unit / Street No. and street name		Suburb/Town	State
Residential:					Postcode
Postal:					
Delivery notes:					
Employed:		Occupation:		[] Aged Pensioner	[] Pensioner other
[] Full-time [] Part-time				[] Retiree	
Medicare No:		Aged pension number:			
Type of operation:		Hospital name:			
[] Ileostomy [] Urostomy [] Colostomy [] Other - operation details:		Date of operation:			
Membership is:		[] Permanent [] Temporary			
Name of current Stoma Therapy Nurse (STN):					
PREFERENCES:					
ONL company annual Financial Statements:					
[] Please send me a full copy each year					
[] Please send me an abridged copy each year					
[] I do not wish to receive a copy of ONL Financials					
[] I do not wish to receive the ONL Newsletter [] Do not ask me to buy lottery tickets					
<i>I understand that as an Ostomy NSW Limited member, I am entitled to voting rights at the Annual General Meeting of Ostomy NSW Limited and am eligible for election as a Director. I agree to be bound by the Constitution of Ostomy NSW Limited, as a not-for-profit company limited by guarantee.</i>					
Signature – member or representative		X			

<input type="checkbox"/> Please send me information about social / support groups
<input type="checkbox"/> Please send me information about making donations
<input type="checkbox"/> Please send me information about making a bequeath
<input type="checkbox"/> Please contact me about volunteering now or in the future
<input type="checkbox"/> Packing <input type="checkbox"/> Office work <input type="checkbox"/> Building work <input type="checkbox"/> Fund raising

We welcome any comments that you think may be useful in improving our services.
