MEMBERSHIP APPLICATION

OSTOMY tasmania INCORPORATED

(please tick appropriate boxes)

☐	**$70.00 p.a. Stoma Appliance Scheme (SAS) Access + Association Fee**
☐	**$60.00 p.a. SAS Access + Assoc. Fee (Concession - Centrelink pension or Health Card)**
☐	**$10.00 p.a. Associate member** (partner of patient or other interested person)
Postage $15.00 per order	**Amount enclosed** _____ **Total** _____

Payment Type ☐ Cheque/Money order ☐ Cash ☐ Direct banking *(BSB 807 009 a/c no. 5109 4661)*

Credit Card (Visa/Mastercard) ☐ **please note: we are unable to process Savings/Debit cards unless the card holder is present at the office*

Credit Card Number _____ - _____ - _____ - _____ **Expiry Date** ____/____ **CVV**_____

Card Holder's Name _____ **Card Holders Signature** _____

BLOCK LETTERS PLEASE

SURNAME_____GIVEN NAMES_____TITLE____

ADDRESS _____POST CODE_____

EMAIL _____PH (03) _____ (h) _____ (m)

DATE OF BIRTH _____/_____/_____ DATE OF OPERATION_____/_____/_____

MEDICARE NUMBER **(MANDATORY)** _____Ref No_____ Expiry Date _____

(**required for proof of eligibility**)

CONCESSION CARD/ DVA NUMBER _____ Expiry Date _____

Applicant Declaration: By signing this form I consent to the collection, verification, use, retention and disclosure of my personal information including sensitive information, for purposes associated with my participation in the Stoma Appliance Scheme. I agree to pay the annual subscription as prescribed.

Signed _____Date_____

Type of stoma ☐ Ileostomy ☐ Colostomy ☐ Urostomy ☐ Other _____

Is the stoma likely to be ☐ Permanent ☐ Temporary ☐ Not known

Surname and Signature of Doctor or Stomal Therapy Nurse_____

Please complete and return to: The Secretary, P.O. Box 280, Moonah Tas 7009 (*effective September 2024)*