



**QUEENSLAND OSTOMY
ASSOCIATION INC.**

APPLICATION FOR MEMBERSHIP

STRICTLY CONFIDENTIAL - I hereby apply for membership of the above association

| | | | | | | | |
|--|------|---------|----------------|--|------------------------|---|-------------------|
| Title | | Surname | | | Christian Name(s) | | |
| Home Address | | | | | | | Post Code |
| Postal Address | | | | | | | Post Code |
| Phone Numbers | Home | | | Mobile | | | |
| | Work | | | e-Mail | | | |
| Medicare No. | | | Concession No. | | | D.V.A. Gold No. | |
| Date of Birth | | | Type of Stoma | | | Date of operation | |
| Permanent OR Temporary Stoma? | | | | | | | ◀ Please indicate |
| Hospital | | | Doctor | | | Stomal Therapy Nurse | |
| Appliances and Pharmaceuticals used | | | | Additional Information (Special Needs, etc.) | | | |
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| I agree to abide by the Constitution of the Association and tender herewith my Membership Access Fee as per the table below (Membership fee payable 1 st July each year). ▶ Packing & Postage currently \$12.00 per parcel ◀ | | | | | | | |
| Signed | | | | | Date | | |
| | | | | | | | |
| Joining Date (Please indicate which period) | | ▼ | Full Fee | | Concession Card Holder | | |
| 1 July – 30 June (following year) | | | \$60.00 | | \$50.00 | | |
| 1 January – 31 March | | | \$45.00 | | \$40.00 | | |
| 1 April – 30 June | | | \$35.00 | | \$30.00 | | |
| OFFICE USE ONLY | | | | | F C V | The Secretary Queensland Ostomy Association Inc. PO Box 198 Moorooka Qld 4105 Ph (07) 3848 7178 Fax (07) 3848 0561 e-Mail admin@qldostomy.org.au Web: www.qldostomy.org.au Tuesdays and Thursdays ONLY | |
| Receipt No. _____ Date _____ | | | | | | | |
| M'ship No. _____ Ent. No. _____ | | | | | | | |