



ENTITLEMENT NO:

A.B.N. 61 894 688 175

ACCESS FEES / POSTAGE INVOICE

To comply with the SAS, we need you to provide us the following information before the payment. This is important to ensure the eligibility of your Membership in our association.

Concession Card No: _____ Expiry Date: _____

Medicare No: _____ Expiry Date: _____

Membership Fees for the period 01/07/2019 to 30/06/2020 is due 30th June 2019

- Full fee..... \$ 60.00
- Or Concession..... \$ 50.00
- (Credit Card Processing Fee)..... \$ 1.00
- Postage Charges (\$12.00 per parcel)..... \$ _____
- Donation\$ _____
- **Total**.....\$ _____

IMPORTANT
Please note that if your Access fees are not paid by 31st July 2019, we cannot supply your order

Please use the enclosed form with your remittance.

Bank Details

Westpac
A/C Name: Queensland Ostomy Assn. Inc.
BSB: 034-081
A/C No.: 28-7976

When making a direct deposit, please ensure to write your full name and/or member entitlement number in the reference section.

Credit Card Details

Credit Card No.: _____
(Mastercard and Visa card) please circle, (\$1 Credit Card processing fee will apply)
Name on the Card: _____ Expiry Date: ____/____

Signature: _____

N.B.: If you have already paid your fee – please disregard this notice