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## APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the above Association. My personal particulars are as follows:

MR MRS MISS MS (Circle preference)

SURNAME: \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (M) \_\_\_\_\_ EMAIL \_\_\_\_\_

YEAR JOINING: \_\_\_\_\_ DOB : \_\_\_\_\_ MEDICARE #: \_\_\_\_\_ EXP: \_\_\_\_\_

CONCESSION CARD HOLDER\* :  DVA GOLD CARD HOLDER\*:  Number \_\_\_\_\_

(\*Copy must be sent with application to qualify for concessional rate of membership)

TYPE OF SURGERY: ILEOSTOMY / COLOSTOMY / UROSTOMY / OTHER: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ S.T. NURSE: \_\_\_\_\_

YEAR OF OPERATION: \_\_\_\_\_ PERM \_\_\_\_\_ TEMP \_\_\_\_\_ - \_\_\_\_\_ MONTHS

REASON FOR STOMA? \_\_\_\_\_ BRAND OF PRODUCTS USED: \_\_\_\_\_

NEXT OF KIN / ALTERNATIVE CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**APPLICANT DECLARATION:** By signing this form I consent to the collection, use, retention and disclosure of my personal information for purposes associated with my participation in the Stoma Appliance Scheme. I also agree to pay the Association membership fee as prescribed and to abide by the Association Rules and Member Code of Conduct. I acknowledge that a full copy of the Queensland Stoma Association Privacy Policy, Rules, and Member Code of Conduct is available on the association's website or by contacting the association.

SIGNED (member): \_\_\_\_\_ DATE: \_\_\_\_\_

|                              |                   |
|------------------------------|-------------------|
| <b>ASSOCIATION USE ONLY:</b> |                   |
| Receipt No:                  | Goods Allocated:  |
| Membership No:               | Entered Computer: |

Please accept my membership fee payment of \$ \_\_\_\_\_ by:  
 Cash/cheque/money order/credit card (add \$1.00 Credit Card Processing Fee )

Card Type: Mastercard /Visa (please circle) Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ CCV: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_