



Subscription Renewal 2019/2020 Financial year

Name: _____

SAS Entitlement#: _____ Medicare #: _____

Postal Address: _____

Mobile Ph #: _____ Email: _____

(Please print clearly)

SAS ACCESS FEE Due 30th June each year \$60 full/\$50 Concession (must include copy of concession card)\$ _____

ASSOCIATION FEE Due 30th June each year \$2.00\$ _____

DONATION Donations of \$2 and over are tax deductible\$ _____

2% Card Fee (Only if paying by credit card)\$ _____

PAYMENT METHOD (Do not send cash): TOTAL \$ _____

Cheque/Money Order Prepaid balance Australian DVA Gold Card # _____

Visa/Mastercard Card No ____/____/____/____ Expiry: ____/____ CCV: ____

Direct Deposit: BSB 064-135 Account: 1002 1069 **(please use name and/or SAS entitlement number as reference and attach receipt)**

Please disregard if you have already made payment and provided these details.

By renewing your membership with Queensland Stoma Association Inc, you consent to the collection, use, retention and disclosure of personal information for the primary purpose of participation in the Stoma Appliance Scheme. Members can find out how the association deals with privacy by viewing our [privacy policy](http://www.qldstoma.asn.au) at www.qldstoma.asn.au.



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