



# Queensland Stoma Association Ltd

ABN 82 438 903 230

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## ORDER FORM

(Please write clearly)

**Member Number:** \_\_\_\_\_ **Date** (assoc use): \_\_\_\_\_

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Delivery Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Indicate if delivery address changed since last order** ☐

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**For the month of:** \_\_\_\_\_ ☐ I will collect ☐ Please Post ☐ DVA Approved

I confirm that I am eligible to receive products through the Stoma Appliance Scheme and that the items requested on my order are for my personal use.

**Signed:** \_\_\_\_\_ **Medicare#:**     -     - ☐ **Ref:**  **Exp:** \_\_\_\_/\_\_\_\_/\_\_\_\_

PRODUCT CODE*	BRAND	DESCRIPTION	QTY IN PACK	# PKS REQD THIS ORDER
NON-SAS ITEMS PURCHASED (a list of items available for purchase can be found on our website)				

**POSTAGE** Refer QSA website for current postage, packaging and handling rates ..... \$ \_\_\_\_\_

**NON-SAS PURCHASED ITEMS** .....\$ \_\_\_\_\_

**ANNUAL SUBSCRIPTION** (includes SAS Access Fee) due 1 July yearly. Refer QSA website for current fee.....\$ \_\_\_\_\_

**DONATION** Donations of \$2 and over are tax deductible ..... \$ \_\_\_\_\_

**CREDIT CARD FEE 2%** If paying by Visa or Mastercard ..... \$ \_\_\_\_\_

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

☐ Cheque/Money Order ☐ Prepaid balance ☐ Visa/Mastercard

**Card No** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiry:** \_\_\_\_/\_\_\_\_ **CCV:** \_\_\_\_ **Cardholder Sig:** \_\_\_\_\_