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 ..... $_____

TOTAL PAYMENT **$**_____

PAYMENT METHOD (Do not send cash):

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

Card No _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ **Expiry**: ___/___ **CCV:** _____ **Cardholder Sig:** _____