**Unit 1, 10 Valente Close, Chermside 4032**
**Post Office Box 370, Chermside South 4032**
**Website: www.qldstoma.asn.au**
**Email: admin@qldstoma.asn.au**
**Telephone: (07) 3359 7570**
**Facsimile: (07) 3350 1882**

# 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** (PLEASE DELETE ONE)

**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:** __________________________

***ASSOCIATION USE ONLY:***
***Receipt No:*** ***Goods Allocated:***
***Membership No:*** ***Entered Computer:***

**Please accept my membership fee payment of $_______ by:**
**Cash/cheque/money order/credit card** ***(add 2% Credit Card Processing Fee )***

**Card Type: Mastercard /Visa** *(please circle)* **Cardholders Name:** ______________________________________

**Card Number:** ____________________________________________________**Expiry:** ___/___ **CCV:** __________

**Cardholders Signature:**_________________________________________________________