

Subscription Renewal 2023/2024 Financial year

Name:			SAS Entitlement#:			
Medicare Details :	Card #:	Po	osition on Card	_ Card Expiry	Date/	
Postal Address: _						
Mobile Ph #:		Email:				
			(f	for electronic service oj	f notices)	
SUBSCRIPTION	Due 30 th J	June each year \$75 full/\$65	Concession (must incl	lude copy of concession	card)\$	
DONATION	Donations	of \$2 and over are tax dec	uctible		\$	
% Card Fee	(Only if pa	aying by credit card)			\$	
	Do not send cash):		тс	DTAL	\$	
Cheque/Mon	ey Order	Prepaid balance	Aus	tralian DVA Gold Ca	ard #	
Visa/Masterc	ard Card No	//	/	Expiry:/	CCV:	
	rs Portal Paymen	nt				
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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 at www.qldstoma.asn.au.