



Subscription Renewal 2024/2025 Financial year

Name: _____ SAS Entitlement#: _____

Medicare Details : Card #: _____ Position on Card _ Card Expiry Date __/____

Postal Address: _____

Mobile Ph #: _____ Email: _____
(for electronic service of notices)

SUBSCRIPTION Due 30th June each year \$75 full/\$65 Concession (must include copy of concession card)\$ _____

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: _____

QSA Members Portal Payment

Please disregard if you have already made payment for the period 1 July 2024 to 30 June 2025

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://qldstoma.asn.au) at qldstoma.asn.au.



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