



Queensland Stoma Association Ltd

ABN 82 438 903 230
 Unit 1, 10 Valente Close, Chermside 4032 | Post Office Box 370, Chermside South 4032
 E: orders@qldstoma.asn.au | P: 07 3359 7570 | F: 07 3350 1882

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:** _____