Queensland Stoma Association

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

APPLICATION FOR MEMBERSHIP

Surname _____ **Given Names** _____ **Title** _____ **Gender:** _____

Date of Birth: _____ **Preferred Phone** _____ **Email** _____
(for service of notices & member portal access)

Postal Address _____

_____**Postcode:** _____

Alt Contact: _____ **Relationship** _____**Phone** _____

Please attach copy:

☐ **Medicare Card** ☐ **Commonwealth Concession Card** ☐ **DVA Entitlement Card**

Applicant Declaration: By signing this form I consent to the collection, verification, use, retention, and disclosure of my personal information for purposes associated with my participation in the Stoma Appliance Scheme. I agree to pay the annual subscription 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, Confidentiality Policy, Constitution, Complaints and Feedback Policy, Service User Rights and Responsibilities, and Member Code of Conduct is available on the association's website or by contacting QSA.

SIGNED (member): _____ **DATE:** _____

***Membership Obligations**: Queensland Stoma Association Ltd is a company limited by guarantee. This means that in a situation where the company is wound up, each member of Queensland Stoma Association Ltd has a limited liability. This liability is not more than $5 and is described in the company's constitution – Clause 4.*

Practitioner Use:

Date of Surgery _____ **Hospital** _____ **STN** _____

Stoma Type: Col / Ile / Uro /oth _____ **Perm/Temp** ___mth **Reason for Surgery:** _____

Supplier Discharge kit ordered: ___/___/___

Association Use	**Receipt No:**	**First order prepared:**
	SAS #:	**Entered:**

PAYMENT:

SAS ACCESS FEE – **Joining -** July to June $75 full/ $65 Concession $ _____
January to June **$**45 full/$40 Concession

POSTAGE OF FIRST ORDER (see our order form for pricing) ……$ _____

DONATION……$ _____

2% CREDIT CARD FEE For payment made by credit card only ……$ _____

PAYMENT METHOD (Do not send cash): **TOTAL** **$**_____

☐ Cheque/Money Order

☐ Visa/Mastercard (+2% fee) Card _ _ _ _ / _ _ _ _/ _ _ _ _/ _ _ _ _ Expiry: ____/____ CCV: _____

Cardholder Name _____ Signature _____

☐ Direct Deposit: BSB 064-135 Account: 1002 1069 (please use **"(name) – new*"** as payment reference)

** First payment only – use SAS ID for future payments*