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 Telephone: (07) 3359 7570
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APPLICATION FOR MEMBERSHIP

I hereby apply for membership of Queensland Stoma Association Ltd. My personal particulars are as follows:

Surname _____ Given Names _____ Title _____

Date of Birth: _____ Gender: _____ Stoma: Col / Ile / Uro /oth _____ Perm/Temp ____mth

Postal Address _____
 _____ Postcode: _____

Phone (H) _____ (M) _____ Email _____
(for service of notices and member portal)

Date of Surgery _____ Hospital _____ Stomal Therapist _____

Reason for Surgery: _____ Brand of Products used: _____

Alt Contact: _____ Relationship _____ 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 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, Constitution, Complaints Policy and Member Code of Conduct is available on the association's website or by contacting QSA.

Please attach as applicable

Medicare Card Commonwealth Concession Card DVA Entitlement Card

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.

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

PAYMENT:

SUBSCRIPTION- \$62 full/\$52 Conc (including SAS Access Fee + Assoc m/ship fee \$2 (due 1 July yearly) \$ _____

POSTAGE - \$15 per parcel (standard freight).....\$ _____

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 No ____/____/____/____ 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