



Ostomy Tasmania Incorporated

MEMBERSHIP APPLICATION

I wish to apply for membership of Ostomy Tasmania Incorporated. *(please tick appropriate boxes)*

(Joining 1 July to 31 Dec)	(Joining 1 Jan to 31 March)	(Joining 1 Apr to 30 Jun)
<input type="checkbox"/> \$60.00 p.a. Ordinary	<input type="checkbox"/> \$45.00 Ordinary	<input type="checkbox"/> \$35.00 Ordinary
<input type="checkbox"/> \$50.00 p.a. Concession (Centrelink pension or Health Card)	<input type="checkbox"/> \$40.00 Concession	<input type="checkbox"/> \$30.00 Concession
<input type="checkbox"/> \$ 10.00 p.a. Associate member (partner of patient or other interested person)		
Postage \$12.50 per order	Amount enclosed _____	Total _____

Payment Type Cheque/Money order Credit Card (\$2 fee) Cash
 Credit Card MasterCard Visa Direct banking

**please note: we are not able to process Savings/Debit cards unless the card holder is present at the office*

Credit Card Number # _____ - _____ - _____ - _____ Expiry Date ____/____/____

Card Holder's Name _____ Card Holders Signature _____

BLOCK LETTERS PLEASE

FULL NAME (MR / MRS / MS / MISS) _____

ADDRESS _____

POST CODE _____ TELEPHONE (03) _____ (ah) _____ (bus)

DATE OF BIRTH ____/____/____ DATE OF OPERATION ____/____/____

MEDICARE NUMBER (MANDATORY) _____ Expiry Date _____
required for proof of eligibility

CONCESSION CARD/ DVA NUMBER _____ Expiry Date _____
(if applicable)

Do you have an ILEOSTOMY COLOSTOMY
 UROSTOMY OTHER (please specify) _____

Is the stoma likely to be PERMANENT TEMPORARY NOT KNOWN

Type of Appliances Required _____

Signed _____ Date _____

Surname and Signature of Doctor or Stomal Therapy Nurse _____

Please complete and return to:

The Secretary
P.O. Box 280 MOONAH TAS 7009

(effective 6 July 15)