



# APPLICATION FOR MEMBERSHIP

## Ostomy Association of South Australia

1 Keele Place Kidman Park SA 5025

Phone: (08) 8235 2727

Fax: (08) 8355 1073

Email: [orders@colostomysa.org.au](mailto:orders@colostomysa.org.au)

**This Form must be accompanied by a signed:**

**Stoma Appliance Scheme Application (PB049)**

<https://www.humanservices.gov.au/organisations/health-professionals/forms/pb049>

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

(Mr / Mrs / Miss / Ms / Mstr) \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Next of Kin \_\_\_\_\_

Email: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

\*Expiry Date \_\_\_\_\_

Pension Number/Health Care Card: \_\_\_\_\_

\*Expiry Date \_\_\_\_\_

*(Must show a Dept of Human Services issued **Pensioner Concession Card** to be eligible for the concession rate)*

Dept Veterans Affairs Number \_\_\_\_\_

*(If Applicable)*

Is english the second language?

YES / NO

Does a family member look after the finances?

YES / NO

Are accounts paid by Public Trustee /DCSI / Nursing Home /Other?

YES / NO

Is an invoice for membership fee and postage required?

YES / NO

***If YES, please supply full details below.***

Name:	_____
Address:	_____
Number:	_____

### Payment Methods

*(Please select how will you be paying for membership and other required purchases from Ostomy Assoc of SA Inc?)*

* Credit Card	YES / NO	Your card is not kept on file. You will be required to supply it with each purchase. Either via telephone, in person or in writing.
* Cheque / Money Order	YES / NO	
* Electronic Funds Transfer	YES / NO	BSB 105-074 Account 045135240 REF: <b>your member number</b>