QUEENSLAND OSTOMY ASSOCIATION INC.

APPLICATION FORM

STRICTLY CONFIDENTIAL - I hereby apply for Access to Queensland Ostomy association (QOA)

Title	Surname	Christian Name(s)

Home Address		Post Code
Postal Address		Post Code

Phone Numbers	Home		Mobile	
	Work		e-Mail	

Medicare No.:		Expiry Date:		D.V.A. Gold No.:	
Concession No.:		Expiry Date:			
Date of Birth		Type of Stoma		Date of operation	

Permanent OR Temporary Stoma?		◄ Please indicate	
Hospital		Doctor	Stomal Therapy Nurse

Appliances and Pharmaceuticals used	Additional Information (Special Needs, etc.)

I agree to abide by the Constitution of the Association and tender herewith my Access Fee as per the table below (Access fee payable 1st July each year). ► **Packing & Postage currently $15.00 per parcel / month or $21.00 per parcel / double order (two monthly supplies)** ◄

Signed	Date	

Joining Date:	▼	**Full Fee**		**Concession Card Holder**	
1 July – 30 June (As of 1st July 2023)		**$70.00**		**$60.00**	
January - April		**$35.00**		**$30.00**	
May – End of June		**No Charge**		**No Charge**	

OFFICE USE ONLY Receipt No. _____ Date _____ M'ship No. _____ Ent. No. _____	**F** **C** **V**	The Secretary Queensland Ostomy Association Inc. PO Box 198 Moorooka Qld 4105 Ph (07) 3848 7178; Fax (07) 3848 0561 e-Mail admin@qldostomy.org.au Web: www.qldostomy.org.au Mondays; Tuesdays and Thursdays **ONLY**