Queensland Ostomy Association. Inc.

Application for Membership 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 $17.00 per parcel / month or $23.00 per parcel / double order (two monthly supplies)** ◄

Signed	Date	

Joining Date:	▼	**Full Fee**		**Concession Card Holder**	
1 July – 30 June (As of 1st July 2024)		**$75.00**		**$65.00**	
January - April		**$40.00**		**$35.00**	
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**