

# STOMA APPLIANCE SCHEME

## APPLICATION FOR TIME PAYMENT OF SUBSCRIPTION FEE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ASSOCIATION: OSTOMY TASMANIA INC

### MEMBER DETAILS

NAME: \_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL YEAR: \_\_\_\_\_

ANNUAL FEE: \$60\*/\$70 (PLEASE CIRCLE)

\*Current pension card or Commonwealth Health Care Card must be presented to obtain concessional rate

### REASON FOR TIME PAYMENT REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT ARRANGEMENT

- \$ \_\_\_\_\_ to be paid monthly until administration fee is paid in full
- \$ \_\_\_\_\_ to be paid 2 monthly until administration fee is paid in full
- Other \_\_\_\_\_

I hereby agree to the terms of this arrangement and acknowledge that failure to comply with the arrangement may result in the non-supply of my appliances. I give my consent to this information being supplied to the Australian Council of Stoma Associations and/or the Commonwealth Department of Health and Ageing for statistical purposes.

SIGNED: \_\_\_\_\_ APPROVED: \_\_\_\_\_  
(Member) (Association Manager)

**Please Note - The first 1 monthly or 2 monthly payment should be included with this application.**

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### Association use only:

Date Recd: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy to member: \_\_\_\_\_ Register Noted: \_\_\_\_\_