



# MEMBERSHIP APPLICATION

(please tick appropriate boxes)

<input type="checkbox"/> \$85.00 p.a. Stoma Appliance Scheme (SAS) Access + Association Fee
<input type="checkbox"/> \$75.00 p.a. SAS Access + Assoc. Fee (Concession - Centrelink pension or Health Card)
<input type="checkbox"/> \$25.00 p.a. Associate member (partner of patient or other interested person)
Postage \$15.00 per order      Amount enclosed _____      Total _____

**Payment Type**   ☐ Cheque/Money order   ☐ Cash   ☐ Direct banking (BSB 807 009 a/c no. 5109 4661)

**Credit Card (Visa/Mastercard)**   ☐   *\*please note: we are unable to process Savings/Debit cards unless the card holder is present at the office*

**Credit Card Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   **Expiry Date** \_\_\_\_/\_\_\_\_/\_\_\_\_   **CVV** \_\_\_\_\_

**Card Holder's Name** \_\_\_\_\_   **Card Holders Signature** \_\_\_\_\_

BLOCK LETTERS PLEASE

**SURNAME** \_\_\_\_\_   **GIVEN NAMES** \_\_\_\_\_   **TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_   **POST CODE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_   **PH (03)** \_\_\_\_\_ (h) \_\_\_\_\_ (m)

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_   **DATE OF OPERATION** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICARE NUMBER (MANDATORY)** \_\_\_\_\_   **Ref No** \_\_\_\_\_   **Expiry Date** \_\_\_\_\_  
(required for proof of eligibility)

**CONCESSION CARD/ DVA NUMBER** \_\_\_\_\_   **Expiry Date** \_\_\_\_\_

**Applicant Declaration:** By signing this form I consent to the collection, verification, use, retention and disclosure of my personal information including sensitive information, for purposes associated with my participation in the Stoma Appliance Scheme. I agree to pay the annual subscription as prescribed.

**Signed** \_\_\_\_\_   **Date** \_\_\_\_\_

**Type of stoma**   ☐ Ileostomy   ☐ Colostomy   ☐ Urostomy   ☐ Other \_\_\_\_\_

**Is the stoma likely to be**   ☐ Permanent   ☐ Temporary   ☐ Not known

**Surname and Signature of Doctor or Stomal Therapy Nurse** \_\_\_\_\_

Please complete and return to:

The Secretary, P.O. Box 280, Moonah Tas 7009

(effective May 2025)