

North Queensland Ostomy Association Inc.

ABN: 42 962 654 704

Renewal of Annual Access Fee – 1st July 2024 – 30th June 2025

Payment due 30/06/2024

Members **must** be financial to receive **FREE** ostomy products on the Stoma Appliance Scheme. **Please renew membership & return this form by 30th June 2024.**

To claim the Concession Access Fee, please quote your Concession Card No. or DVA No. and **expiry date**. If applicable please quote **both your DVA card no. & Medicare number**

Full Name			Entitlement Number		
Home Address				Post Code	
Postal Address				Post Code	
Mobile Phone Number			Home Phone Number		
Concession Card Number	_____		Expiry Date		
DVA Card No	_____		Gold / White	Expiry Date	

Very important – complete your **Medicare number**, position on the card & the expiry date.

Medicare No.					-						-	
--------------	--	--	--	--	---	--	--	--	--	--	---	--

Individual Reference Number (number in front of your name on the card)	_____	Medicare card valid to	_____ / 20__
--	-------	------------------------	--------------

Stoma Appliance Scheme Access Fee

Full Member: \$70.00 (Association Fee \$0)

Concession: \$60.00 (Association Fee \$0)

Postage is required in advance for parcels dispatched from NQ Ostomy Association.

Single monthly orders up to 3kg: \$18

Two monthly orders up to 5kg: \$22 [N.B. the stock must last for 2 months]

Large/heavy orders over 5kg: Postal charge according to weight & size (\$25.00 - \$44.00)

If orders contain extra authorised stock in addition to the normal monthly order, this will cause an increase in the postage charged.

*To pay 3 months postage in advance @ \$18.00 the cost is \$54 for single month orders.

*To pay 6 months postage in advance @ \$18.00 the cost is \$108 for single month orders.

*To pay 10 months postage in advance and a 2 month Dec/Jan order the cost will be \$202.

*To pay 12 months postage in advance for 6 x **2 monthly orders** will be \$132.00

Payment made: Fees \$..... Postage \$ Donation: \$

☐ Bank transfer: NAB Bank BSB: 084 970 Account No. 50899 2151

Please include your surname & entitlement number on transfer.

☐ Debit/Credit Card Payment



Card No: _____ Exp: ____ / ____

CCV: _____

☐ Cheque enclosed

☐ Money order enclosed

☐ Cash enclosed

PO Box 173 Thuringowa Central 4817

Ph: (07) 4775 2303

Email: admin@ngostomy.org.au

Office hours: Monday 9.00-4.30pm; Wednesday 9.00-12.30 & Thursday 9.00-4.30pm