



# NQ Ostomy Association Inc

ABN 42 962 654 704

Open: Monday and Thursday 9:00am – 4.30pm ;  
Wednesday 9.00am – 12.30pm  
13 Castlemaine Street, Kirwan, Townsville, Qld. 4817  
Telephone: (07) 4775 2303 Fax: (07) 4725 9418  
PO Box 173, Thuringowa Central, Qld. 4817  
E-mail: [orders@naostomv.org.au](mailto:orders@naostomv.org.au)

ORDER FORM FOR THE MONTH(S) OF \_\_\_\_\_ / \_\_\_\_\_ Year \_\_\_\_\_

**Order Forms must be received in Townsville before the 14<sup>th</sup> of each month**

Surname:	First Name:	Entitlement/Membership Number
Address:		
Suburb:	Post Code:	
Phone number:		DVA Member:
Email:		

☐ COLLECT or ☐ POST ☐ \$22.00 – up to 3kg ☐ \$26.00 – up to 5kg

Brand Code	Product Code	Item Description	Total Quantity	Office use only

Please ensure the product codes are correct. The Association provides products in compliance with the Stoma Appliance Scheme. Orders which do not comply with the Stoma Appliance Scheme guidelines will be adjusted without notice.

☐ I confirm that all products provided to me through the Stoma Appliance Scheme are for my personal use.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Payment: Postage \$ \_\_\_\_\_ Purchase Items \$ \_\_\_\_\_ TOTAL..... \$ \_\_\_\_\_

Payment method: EFT / Cash / Cheque / Money Order / Credit card / Debit card  

Credit/Debit card payments phone the Association: 07 4775 2303 during our office hours.

EFT To: NAB Account BSB 084-970 ACC 50899 2151

**Please reference your Surname and Membership Number on the bank transfer**

The Association will not be held responsible for any payment being paid into an incorrect Account or the use of incorrect reference number.