



# Ostomy Association of Melbourne Inc

Reg No: A0025655X ABN: 93 953 917 074

Burwood Industrial Park, Unit 14, 25-37 Huntingdale Rd Burwood VIC 3125

Ph: 03 9888 8523 Fax: 03 9888 8094 Email: orders@oam.org.au

## NEW MEMBER FORM

Mr, Mrs, Miss, Ms, other: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Hospital: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Stomal Therapy Nurse: \_\_\_\_\_ STN Phone: \_\_\_\_\_

Temporary  Permanent  Colostomy  Ileostomy  Urostomy  Faecal Fistula

Medicare # \_\_\_\_\_ DVA # \_\_\_\_\_ Pension # \_\_\_\_\_

Delivery Method:  Patient/hospital to send courier  Collect from distribution centre  Deliver to above address

NB: please call to ensure order is ready before collection  Deliver to another address

Delivery Address (if different): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Brand Name	Product Code	Description	Quantity
FREIGHT		Victoria \$12/Interstate \$15	\$
ANNUAL FEES		Full membership \$65 Pension/healthcare card \$50	\$
TOTAL PAYMENT			\$

Payment Method:  Cheque/Money Order  Visa/Mastercard  Invoice new member

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Cardholder's signature \_\_\_\_\_

Transferring Members	Transferring from:	Membership number:
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