



Ostomy Association of Melbourne Inc

Reg No: A0025655X ABN: 93 953 917 074

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NEW MEMBER FORM

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Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone: _____ Mobile: _____

Email: _____ Date of Birth: _____

Date of Surgery: _____ Hospital: _____

Stomal Therapy Nurse: _____ STN Phone: _____

Temporary Permanent Colostomy Ileostomy Urostomy Faecal Fistula

Medicare # _____ DVA # _____ Pension # _____

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TOTAL PAYMENT			\$

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