



# APPLICATION FOR MEMBERSHIP

Geelong Ostomy Inc (GO)  
 6 Lewalan Street, Grovedale 3216  
 (P.O. Box 1069, Grovedale 3216)  
 Ph: 03 5243 3664 Fax 03 5201 0844  
 Email: goinc@geelongostomy.com.au

I hereby apply for membership of GO, as a:

Full Member - \$60 per year

Concession Member - \$50 per year

All Payments by Cash , Cheque or Direct Deposit  
 A/C Name: Geelong Ostomy Inc . A/C Number: 102191087  
 Bank: Bendigo Bank BBS: 633 000

Concession Membership is only available to: holders of current Pension Concession Card or a current Health Care Card

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Expires

d	d	m	m	m	2	0	y	y
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Membership renewal is due on 1<sup>st</sup> July every year.

Renewal forms will be distributed in April.

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Veteran Affairs Member - (Gold Card )

Medicare Number

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No. before name

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Valid to

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Membership acceptance of

the Geelong Ostomy means that your privacy will be protected under our Privacy Policy and that you will be supplied equipment within the guidelines of the Commonwealth Government's Stoma Appliance Scheme

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: / / 201\_\_

Mr Miss	Mrs Ms	Given Name:	Surname:
Home Address:			
			Postcode:
Postal Address; (if different from home address)			Postcode:
Home Phone:	Mobile Phone:	Date of Birth:	
Emergency Contact Name:		Emergency Contact Phone:	
Stoma Type:			
Colostomy	Ileostomy	Urostomy	Fistula      Other
Status of Stoma:			Product:
Permanent	Temporary	Not Sure/Unknown	Ainscorp      Dansac
Stomal Therapy Nurse:		Hospital:	Convatec      Hollister
			Coloplast      Omnigon
Reason for stomal surgery: _____			
_____			
_____			