

Geelong Ostomy Inc (GO) - NEW MEMBER FORM



A0015954Z ABN:69 105 564 718

6 Lewalan Street, Grovedale 3216, (PO Box 1069, Grovedale 3216)

Ph: 03 5243 3664

Email: contactus@geelongostomy.com.au

Mr, Mrs, Miss, Ms, other:

First Name:

Surname:

Address:

Suburb:

Postcode:

Phone:

Mobile:

Email:

Medicare No.

Ref No.

Exp Date:

Pension Number:

Exp Date:

Date of Surgery:

Type:

Hospital:

Delivery Method: ☐ Pick up ☐ Deliver to above address ☐ Deliver to another address (please specify below:

Delivery Address (if different):

Suburb:

State:

Postcode:

Brand	Product Code	Description	Quantity
FREIGHT			Currently \$15 (for single month and under 3.0 kg); rates vary according to Australia Post contract.
MEMBERSHIP/ACCESS FEE *			Full membership \$70 for 2023-24,
			Pension \$60 for 2023-24
			TOTAL PAYMENT

All Payments by Cash, Cheque or Direct Deposit: To Geelong Ostomy Inc. Bendigo Bank BSB: 633 000, Account number: 102 191 087, **Electronic funds transfers must include member's name as reference**

Only for Transferring Members:

Transferring from		Membership number	
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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: / /

*(Membership / access fee has been set at \$85 full, \$75 pension for 2024-25 (i.e. due by 1 July 2024)