



## APPLICATION FOR MEMBERSHIP (SAS ACCESS)

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Card No: \_\_\_\_\_ Indiv. #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Concession Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

DVA No: (if applicable): \_\_\_\_\_ Colour: Gold or White Expiry Date: \_\_\_\_\_

***(Please attach copies of the above cards where possible).***

**Applicant Declaration:** By signing this form, I consent to the collection, verification, use, retention, and disclosure of my personal information for purposes associated with my participation in the Stoma Appliance Scheme. I agree to pay the annual subscription as prescribed and to abide by the Association Rules and Member Code of Conduct. I acknowledge that a full copy of the Wide Bay Ostomates Association Privacy Policy, Confidentiality Policy, Constitution, Complaints and Feedback Policy, Service User Rights and Responsibilities, and Member Code of Conduct is available on the association's website or by contacting WBOA.

**SIGNED (member):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Practitioner Use:**

Hospital: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ STN: \_\_\_\_\_

Stoma: Ileostomy / Colostomy / Urostomy / Other Reason for Surgery: \_\_\_\_\_

Perm /Temp \_\_\_\_\_ Months Supplier Discharge Kit Supplied: \_\_\_\_\_

Current Membership (FY24/25) **\$80.00** (Full Membership), **\$70.00** (Concessional) and DVA no charge

Payment For Membership Can Be Made by Cash/ Cheque/ Money Order/ Credit Card or EFT

EFT Or Deposit to WBOA Commonwealth Bank BSB: 064-403 Account 00920862 Ref: Your Name

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_

Card Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**If different from the above member.**

<b>Association Use</b>	<b>Date:</b>	<b>Receipt No:</b>
	<b>SAS No:</b>	<b>Product:</b>