



ACT & DISTRICTS STOMA ASSOCIATION
ABN: 16663183919
PO BOX 1260, CANBERRA, ACT, 2601
02 5124 4888 STOMA@ACTSTOMA.NET.AU

MEMBERSHIP FEES FOR 2025-26 ARE DUE BY JUNE 30, 2025

Unless fees are paid by June 30 the Association is NOT permitted to dispense products from July 1 onwards.

Please return this form with your payment. (Email or post)

Member's Name (As shown on Medicare card) _____

Medicare No.(10 digits) _____ Line No.(1 digit) _____ EXP _____

Concession Card No. (9 digits plus letter) _____ EXP _____

Daytime phone _____

Email _____

Full \$85 ☐

Concession \$80 ☐

You must attach a copy of your Commonwealth concession/pension/healthcare card if paying for concession membership

We ask you to please consider making a donation to the Association to help us meet our costs over the next twelve months. The commission paid by the Department of Health does not fully cover the cost of operations involved in supplying you with Government funded PBS stoma products.

Donations over \$2 are tax deductible.

Donation amount \$20 ☐ \$30 ☐ \$50 ☐ \$100 ☐ Other \$ _____

Tick this box if you require a tax receipt to be emailed to you ☐

Payment Method: Cheque/Money Order Visa/Mastercard Direct Deposit

Direct deposits can be made to ACT & Districts Stoma
Association BSB 062 919 Acc number 00910631

Please put member's full name as the reference when making a direct deposit

TOTAL PAYMENT AMOUNT (Fee + donation): _____

Card No. ____ / ____ / ____ / ____ Expiry ____ / ____

CCV (found on back of card) ____ Cardholder's signature _____