

STOMA APPLIANCE SCHEME

APPLICATION FOR TIME PAYMENT OF NATIONAL ADMINISTRATION FEE

DATE: ____/____/____

ASSOCIATION: _____

MEMBERS DETAILS

NAME: _____ MEMBERSHIP No: _____

ADDRESS: _____

FINANCIAL YEAR: _____

ANNUAL ADMINISTRATION FEE: \$50*/\$60 (PLEASE CIRCLE)

*Current pension card or Commonwealth Health Care Card must be presented to obtain concessional rate

REASON FOR TIME PAYMENT REQUEST:

PAYMENT ARRANGEMENT

- \$ _____ to be paid monthly until administration fee is paid in full
- \$ _____ to be paid 2 monthly until administration fee is paid in full
- Other _____

I hereby agree to the terms of this arrangement and acknowledge that failure to comply with the arrangement may result in the non-supply of my appliances. I give my consent to this information being supplied to the Australian Council of Stoma Associations and/or the Commonwealth Department of Health and Ageing for statistical purposes.

SIGNED: _____ APPROVED: _____
(Member) (Association Manager)

Please Note - The first 1 monthly or 2 monthly payment should be included with this application.

Association use only:

Date Recd: ____/____/____ Copy to member: _____ Register Noted: _____