



Western Australian Ostomy Association Inc.

ABN 43 525 882 636

15 Guildford Road, Mt Lawley, WA 6050
9272 1833

PO Box 706, Mt Lawley WA 6929 Tel: (08)
9271 4605

Email: info@waostomy.org.au

Web: www.waostomy.org.au

WAOA New Member Application and First Order Form

This form must be accompanied by a completed Stoma Appliance Scheme Application form

<https://www.humanservices.gov.au/organisations/health-professionals/forms/pb049>

Ileostomy <input type="checkbox"/>	Colostomy <input type="checkbox"/>	Urostomy <input type="checkbox"/>	Other <input type="checkbox"/>	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
Title _____	Gender (F/M) _____	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>			
Last Name _____		First Names _____			
Postal Address _____					
Suburb _____		Postcode _____	Home Phone _____		
Mobile Phone _____		Email _____			
Medicare No. <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Valid to <input type="text"/> / <input type="text"/>				
Pension No. <input type="text"/> - <input type="text"/> - <input type="text"/>	Expires <input type="text"/> / <input type="text"/> / <input type="text"/>				
DVA No. (if applicable) _____		Hospital _____			
Stoma Nurse _____		Date of Surgery _____			
Expected Discharge Date _____					
Delivery Instructions eg Hospital Courier, Post Home etc _____					

First Order Form

No.	Supplier Item No.	Supplier	Description	Total Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please send completed forms to WAOA at newmembers@waostomy.org.au

<u>WAOA USE ONLY</u>	Member ID <input style="width: 80%;" type="text"/>	Invoice <input style="width: 80%;" type="text"/>	Card Sent & Date <input style="width: 80%;" type="text"/>	Entered by & Date <input style="width: 80%;" type="text"/>
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