Ostomy Association Melbourne

Unit 14, 25 Huntingdale Rd Burwood VIC 3125
Website: www.oam.org.au
Email: orders@oam.org.au
Phone: 03 9888 8523

NEW MEMBER APPLICATION FORM & FIRST ORDER

Title: First Name: Surname:

Address: Suburb:

State: Postcode: Phone: Mobile:

Email: Medicare No: Exp Date:

Pension No: Exp Date:

Date of Surgery: Type of stoma: Hospital:

Alternative person nominated to be contacted on behalf of applicant:

Name _____

Phone _____ Email _____

☐ *Please indicate if you are responsible person* signing on behalf of the applicant*

Your name: _____ *Relationship to applicant:* _____

* A Responsible Person can be a parent, a child or sibling who is at least 18 years old; a spouse or defacto partner; a relative who is at least 18 years old and a member of the applicant's household; a legally appointed guardian; an enduring power of attorney; or a person with whom the applicant has an intimate personal relationship.

Privacy Notice: Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles. We will only collect personal information that is necessary for us to meet or fulfil our activities to you, including to provide you with ostomy products supported through the Commonwealth Stoma Appliance Scheme. Your personal information may be disclosed to Services Australia, the Department of Health and Aged Care, the Australian Council of Stoma Associations, your Stoma Nurse, your medical practitioner, another Stoma Association, a person authorised by you, or another third party for purposes closely related to the primary purpose for which it has been collected and where you would reasonably expect us to disclose your information. We will not share your information for marketing purposes or with overseas recipients without your consent. If you do not provide your personal information, you will be ineligible to receive support from OAM. A full copy of our Privacy Policy is available from our website oam.org.au or by requesting a copy from OAM.

Consent: By signing this form I consent to the collection of my personal information, including sensitive information, for purposes associated with my membership with OAM and for my participation in the Stoma Appliance Scheme. I give consent to OAM to share my information with the person nominated as an alternative contact in this application. I understand that I can withdraw this consent at any time by contacting OAM by phone or email.

Signature_____ **Date:**_____

I acknowledge that a full copy of the OAM Constitution, Privacy Policy and Member Code of Conduct is available on the OAM website or by contacting OAM on 03 9888 8523 or by email to enquiries@oam.org.au. I agree to accept the Association Rules and Member Code of Conduct, and to pay the OAM annual subscription as prescribed and any other costs incurred through my participation in the Commonwealth Stoma Appliance Scheme.

Signature_____ **Date:**_____

First Order Delivery Method:

☐ Patient/hospital to send courier

☐ Deliver to residential address

☐ (above) Deliver to another address

Delivery Address (if different): _____

Suburb: _____ State: _____ Postcode: _____

☐ ***Please register me for the OAM online order portal (for subsequent orders)***

Email (to be used as username): _____

Brand Name	Product Code	Description	Quantity
FREIGHT		Victoria $16/Interstate $20	$
ANNUAL FEES/SUBS		Full membership $80 Pension/healthcare card $70	$
		TOTAL PAYMENT	$

Payment Method:

☐ Visa/Mastercard _ _ _ _ /_ _ _ _ /_ _ _ _ /_ _ _ _ Exp _ _ /_ _

Cardholder's signature _____

☐ Cheque/Money Order

☐ DVA Entitlement Card number _____ Exp _ _ /_ _

☐ Contact for payment: Name _____ Phone_____

☐ Invoice new member