

MEMBER ORDER FORM

DELIVERY MONTH

First Name: _____ Surname: _____

Address: _____ ENTITLEMENT CARD NO:

Postcode: _____ CONCESSION/DVA CARD NO:

Phone No: _____ Email: _____

ORDERS MUST REACH US BY 15th OF THE MONTH - FOR FOLLOWING MONTH DELIVERY!
ORDERS RECEIVED AFTER THE 15th WILL AUTOMATICALLY ROLLOVER INTO THE NEXT MONTH

Please Indicate **POST** Please pay \$15 per order
 Standard 2 month order \$25 **PICK-UP** From the 1st week of the month depending on the date your order is placed

BRAND (Manufacturer)	PRODUCT CODE	PRODUCT DESCRIPTION (Bag, Pouch, Wafer, Flange, etc.)	PACKS REQUIRED	OFFICE USE ONLY!	
				No's	Supplied
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Payable Items (Tapes, etc.)	1.	\$	2.	\$	Total	\$
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PAYMENT CHOICES: PLEASE INCLUDE MEMBER'S NAME AS REFERENCE FOR EFT!

• **EFT:** BSB: 484799 A/C: 100 119 735 A/C Name: Gold Coast Ostomy Association Inc.

• **CREDIT CARD:** Visa MasterCard #: _____ Expiry: ___/___ CCV: ___

\$ _____ Member's Signature: _____

OFFICE USE ONLY!		PARCEL	DATE	
• Checked: _____ /		Picked / Checked / Packed		Subs: \$ _____
• Entered: _____ /				Post: \$ _____
		<u>RE ORDERS</u>	: \$ _____
• Claimed: _____ /				TOTAL: \$ _____
• Received: _____ /				Cash Chq M/O C/C EFT