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NEW MEMBER APPLICATION FORM - CAV - 2017

NEW MEMBERS CAN PAY A REDUCED SAS FEE IF FIRST ENROLLED IN THE SAS IN THE LATER MONTHS OF A FINANCIAL YEAR.

ENROLEMENT IN - JULY, AUGUST, SEPTEMBER, OCTOBER	CONC \$50 FULL \$60
ENROLEMENT IN - NOVEMBER, DECEMBER, JANUARY, FEBRUARY	CONC \$38 FULL \$45
ENROLEMENT IN - MARCH, APRIL, MAY, JUNE	CONC \$25 FULL \$30

In subsequent years, all CAV members must pay the SAS ACCESS FEE for the financial year on JULY 1. (CONC \$50 FULL \$60)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRST NAME	SURNAME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PHONE NUMBER				PENSION / TAC / VETS / STATE TRUSTEES NUMBER
RESIDENTIAL ADDRESS				POSTAL ADDRESS (if different to residential address)
EMAIL				

FREE DELIVERY OF FIRST ORDER - AUSTRALIA WIDE

Unless instructed otherwise below, CAV will POST this FIRST ORDER to your patient's HOME or POSTAL ADDRESS.

**SPECIAL DELIVERY INSTRUCTIONS
 DELIVER FIRST ORDER TO**

SAS APPLIANCES AND PHARMACEUTICALS PRESCRIBED

SUPPLIER	SAS PRODUCT CODE AND DESCRIPTION	HOW MANY ITEMS?	HOW MANY BOXES?

If any of the above orders exceed SAS allowances, please forward an APPLICATION FOR ADDITIONAL SUPPLIES.