



ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

Membership Officer: Linda Zhang
Tel: 0390763590
E-mail: email@ahspo.com.au

Postal Address: C/- Supply Department
Alfred Health
55 Commercial Road
Melbourne, Victoria 3004

APPLICATION FOR MEMBERSHIP - TAX INVOICE

PLEASE USE CAPITAL LETTERS, CIRCLE OR TICK WHERE REQUIRED

I, Christian Names Surname Preferred Title Ms/ Miss/Mrs/ Mr

Wish to become a: Full member Associate Member of the above Association and in the event of my admission, I agree to be bound by the Rules of the Association for the time being in force.

Present Position: Length of time at position

Employers Name:

Employers Address: P/code

Preferred Mailing Address: P/code

Telephone: Bus. () Ext: Mobile No:

Facsimile No: () Email

Membership Rate

- Nomination Fee \$10. Full Membership Rates \$60, Associate Member \$60
AHSPo is not registered for GST, therefore there is NO GST component in the above price
A cheque, EFT or Credit Card details for \$70 comprising your 1st year membership plus nomination fee as per rule 7(1) must accompany this form.

If approved you will be sent a Certificate of Membership, AHSPo Badge, Code of Ethics, Discrimination and Harassment Policy and the AHSPo Rules. (Credit card will be charged once approved)

NOMINATION

I an AHSPo Member (NOT Associate) of the Association, nominate the above applicant for membership to the Association.

M/ship No: Date: / /

Payment Method: Please indicate CHEQUE EFT CREDIT CARD RECEIPT REQUIRED

- A cheque (made payable to AHSPo Inc.) Is enclosed. For the amount of: \$70
When making EFT payment of \$70 please include Name as reference (24 characters only)
Account name: AHSPo Inc. Bank: CTB BSB: 063 158 Account No: 10046509
Credit Card details: Please debit \$70 VISA BANKCARD MASTERCARD

CARD NO: EXPIRY DATE: / /

Name shown on Card

APPLICATION WAS: Approved Not Approved

Signed: President Date: / /

COMMENTS: Minuted / /

M/Officer: Payment of \$70 received Yes: No: by Cheque: EFT Credit Card. Membership No:

Certificate: Code of Ethics: Discrimination & Harassment Policy: Rules: sent: / /

** Please note that once payment is accepted this document becomes your tax invoice. Please advise if a receipt is required.