



ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS (Incorporated)

Registration No A0022407B

ABN 82 958 634 724

Membership Officer: Linda Zhang
Tel: 03 90763590
E-mail: email@ahspo.com.au

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

CORPORATE MEMBERSHIP RENEWAL TAX INVOICE

Your annual Subscription Fees for the next year are now due
Corporate Membership Fee per Company is \$100

PLEASE USE CAPITAL LETTERS AND TICK WHERE REQUIRED Membership Year: 20.....

Full Company Name

The following nominee(s) will represent this company:

Name (1):
Present Position:
Preferred Mailing Address:
Telephone: Bus () Mobile No:
Facsimile No: () Email:

Name (2):
Preferred Mailing Address:
Telephone: Bus () Mobile No:
Facsimile No: () Email:

Payment Method: Please indicate [] CHEQUE [] EFT [] CREDIT CARD [] RECEIPT REQUIRED

- A cheque (made payable to AHSPPO Inc.) is enclosed for the amount of: \$100
When making EFT payment please include Name as reference (24 characters only)
Account name: AHSPPO Inc. Bank: CTB BSB: 063 158 Account No: 10046509
Credit Card details: Please debit \$100 [] VISA [] MASTERCARD

CARD NO: EXPIRY DATE: /

Name shown on Card

Membership Officer: Payment Received Yes/No \$.....: Membership Number

**Please note, as per the Association rules, annual subscriptions are due on the first day of January in each year.

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