ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

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

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

APPLICATION FOR CORPORATE MEMBERSHIP – TAX INVOICE

PLEASE USE CAPITAL LETTERS, CIRCLE OR TICK WHERE REQUIRED

………...………………………………….. Date: …… / …… / ……

Full Company Name

Wish to become a Corporate Member of the above Association and in the event of its admission, agrees to be bound by the Rules of the Association for the time being in force.

The following nominee(s) will represent this company:

Name (1): ....……………………...................................…………………………………………

Present Position: ....…………………...………..........……… Time in position: …..............

Preferred Mailing Address: ….....………………….…….........…...............…………………………….….........

……………….………………………………………………….………………….P/code

Telephone: Bus ( ) ....Mobile No: ……...……

Facsimile No: ( )......…..............................….Email……………………………..………..…………………

Name (2): ……………………………………………………….Present Position: ……………………………………………

Preferred Mailing Address: …........................….....…………….......…...............................…………………..

…………….……………………………...……………………………….P/code…….....…....

Telephone: Bus ( ) ....…...…….................….…......... Mobile No: …………………………………

Facsimile No: ( )......…..............................….Email……………………………..………..…………………

- **Membership Rate: Nomination Fee $10. Corporate Membership $100**
- **AHSPO is not registered for GST, therefore there is no GST component in the above price**.
- A Cheque, EFT or Credit Card details for $110 comprising your 1st year membership plus nomination fee as per rule 5(2) **must** Accompany this form

If approved, you will be sent a Certificate of Membership of your Company, Code of Ethics, Discrimination & Harassment Policy and The AHSPO Rules (Credit Card will be charged once approved)

NOMINATION

I ……………………………………………….. a Full Member of the Association, nominate the above applicant for membership to the Association.

Signature of Nominator:………………………..…………..........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: *$110*
- When making EFT payment of *$110* 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 *$110* ☐ VISA ☐ MASTERCARD

SUBMIT APPLICATION

CARD NO: ____ ____ ____ ____ EXPIRY DATE: __/__

Name shown on Card ……………………………

APPLICATION WAS: ❒ **Approved** ❒ **Not Approved**

Signed: ....…………………………………President….…………........... Date: …....../...…../…........

COMMENTS: *Minuted …… / …… / ……*

M/Officer: Payment received ❒Yes ❒No Membership Number: ……………..

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

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