



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 Department.
Alfred Health
55 Commercial Road
Melbourne, Victoria 3004

MEMBERSHIP RENEWAL TAX INVOICE

PLEASE USE CAPITAL LETTERS CIRCLE AND TICK WHERE REQUIRED

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

Wish to renew my membership: [] Full member [] Associate Member of the above Association

Membership Year: 20.....

Present Position:

Employers Name:

Employers Address: P/code.....

Preferred Mailing Address P/code.....

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

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

Membership Rate

Full Membership Rates \$60, Associate Member \$60

AHSPPO is not registered for GST, therefore there is NO GST component in the above price

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

- A cheque (made payable to AHSPPO Inc.) Is enclosed. For the amount of: \$60
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 \$60 [] 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.