



ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

AHSPPO Membership Officer E-Mail: email@ahspo.com.au

Postal: The AHSPPO Executive, 10 Alfa Court, Rowville, Victoria, Australia 3178

CORPORATE MEMBERSHIP RENEWAL – TAX INVOICE

Your annual subscription fees for the next year are now due

Corporate membership Fee per Company is \$100

Full Company Name

Membership Year

The following nominee(s) will represent this company:

Name (1)			
Present Position			
Time in Position			
Preferred Mailing Address			
Telephone		Mobile	
Facsimile		E-Mail	

Name (2)			
Present Position			
Time in Position			
Preferred Mailing Address			
Telephone		Mobile	
Facsimile		E-Mail	

Payment Method: Please indicate (✓)

Cheque A cheque made payable to AHSPPO Inc is enclosed

EFT 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 VISA MASTERCARD

CARD NO: EXPIRY DATE (mm/yy)

Name shown on Card: _____

Note that once payment is accepted this document becomes your tax invoice. Tick this box if receipt is required.

Below is for office use only:

APPLICATION WAS (✓): _____ Approved _____ Not Approved

Signed _____ President _____ Date: __/__/__

COMMENTS: Minuted Date: __/__/__ M/Officer: Payment received (✓) __Yes __No Membership Number: _____

Certificate, Code of Ethics, Discrimination & Harassment Policy and AHSPPO Rules sent Date: __/__/__