



ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

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

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

APPLICATION FOR MEMBERSHIP – TAX INVOICE

Christian Names

Surname

Preferred Title Ms/Miss/Mrs/Mr

Wish to become a (please indicate ✓) ___ 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 | | | |
| Employer's Name | | | |
| Employer's Address | | | |
| Telephone | | Mobile | |
| Facsimile | | E-Mail | |

Membership Rate

- Nomination Fee \$60 / Full Membership \$60 / Associate Membership \$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 of your 1st year membership plus nomination fee as per rule 5(2) must accompany this form.

NOMINATION

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

Signature of Nominator: _____ Membership Number: _____ Date: __/__/__

Payment Method: Please indicate (✓)

Cheque A cheque made payable to AHSPo Inc is enclosed

EFT When making EFT payment please include Name as reference (24 characters only)
Account name: AHSPo 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 AHSPo Rules sent Date: __/__/__