



ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

AHSP0 Membership Officer E-Mail: email@ahspo.com.au

Postal: The AHSP0 Executive, 10 Alfa Court, Rowville, Victoria, Australia 3178

MEMBERSHIP RENEWAL – TAX INVOICE

Christian Names

Surname

Preferred Title Ms/Miss/Mrs/Mr

Wish to renew my membership (please indicate ✓) ___ Full Member ___ Associate Member of the above Association

For the Membership year _____

Present Position			
Employer's Name			
Employer's Address			
Telephone		Mobile	
Facsimile		E-Mail	

Membership Rate

- Full Membership \$60 / Associate Membership \$60
AHSP0 is not registered for GST, therefore there is no GST component in the above price
- A Cheque, EFT or Credit Card details for \$60 must accompany this form.

Payment Method: Please indicate (✓)

Cheque A cheque made payable to AHSP0 Inc is enclosed

EFT When making EFT payment please include Name as reference (24 characters only)

Account name: AHSP0 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:

M/Officer: Payment received (✓) ___ Yes ___ No Membership Number: _____

Certificate, Code of Ethics, Discrimination & Harassment Policy and AHSP0 Rules sent Date: ___/___/___