



Association of Hospital Supply & Purchasing Officers Inc.

Membership Officer: Aldo Santo
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Wonthaggi Hospital
Graham Street, Wonthaggi, 3395.

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APPLICATION FOR CORPORATE MEMBERSHIP

PLEASE USE CAPITAL LETTERS, CIRCLE OR TICK WHERE REQUIRED

Full Company Name

wishes 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.(refer website www.ahspo.com.au)

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):.....

Preferred Mailing Address:..... P/code.....

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

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

- Membership Year: 20.....- Current Membership rate for Corporate Membership is \$100.00
Payment of \$110.00 comprising 1st year membership & nomination fee as per rule 5(1), must be received at time of nomination (refer payment method).
If approved, you will be sent a Certificate of Membership, and copies of the AHSPo Constitution, Code of Ethics and Discrimination & Harassment Policy.

NOMINATION

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

Signature of Nominator:..... M/ship No:..... Date:...../...../.....

APPLICATION WAS: [ ] Approved [ ] Not Approved

Signed:..... Date:...../...../.....

President

COMMENTS:

M/Officer: Payment of \$..... received [ ] Yes: [ ] No: by [ ] C/Card: [ ] Cheque No.....: date...../...../0

Secretary: Membership Number: .....

[ ] Certificate: [ ] Code of Ethics: [ ] Discrimination & Harassment Policy: [ ] AHSPo Constitution: sent...../...../0

Payment Method: Please indicate [ ] CHEQUE [ ] CREDIT CARD

A cheque for \$110.00 (made payable to AHSPo Inc) is enclosed.

Credit Card details: Please debit \$110.00 from my - (indicate type) [ ] VISA [ ] BANKCARD [ ] MASTERCARD

CARD NO: \_ \_ \_ \_ \_ EXPIRY DATE: \_ \_ / \_ \_

Name shown on Card ..... Cardholder Signature:.....
(print name)