



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

APPLICATION FOR CORPORATE MEMBERSHIP – TAX INVOICE

PLEASE USE CAPITAL LETTERS, CIRCLE OR TICK AS REQUIRED

Full Company Name

Date

Wish 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.

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	

Notes on AHSP0 Membership Rates:

- New Corporate Membership rate is \$110 (valid for 12 months)
- AHSP0 is not registered for GST, therefore there is no GST component in the above price.
- A Cheque, EFT or Credit Card payment details for \$110 as per rule 5(2) must accompany this form.
- If approved, you will be sent a Certificate of Membership of you Company, Code of Ethics, Discrimination & Harassment Policy and the AHSP0 Rules (Credit Card will be charged once approved).

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 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:

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 AHSP0 Rules sent Date: __/__/__