



# ASSOCIATION OF HEALTHCARE SUPPLY & PROCUREMENT OFFICERS INC

ABN 82 958 634 724 Registration No: A0022407B

AHSP0 Membership Officer E-Mail: [email@ahspo.com.au](mailto:email@ahspo.com.au)

Postal: The AHSP0 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:

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

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

Notes on AHSP0 Membership Rates:

- Corporate Membership Renewal is \$100 (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 \$100 as per rule 5(2) 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:

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: \_\_/\_\_/\_\_