# 2018 ADIPS Subscription Renewal

## **Tax Invoice**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Suburb \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ordinary Australian Members (includes GST)** | | | **Ordinary Overseas Members (no GST)** | | |
| *Please tick your membership tier* | | | | |  |
|  | Tier 1 – Medical Practitioner | A$165 |  | Tier 1 – Medical Practitioner | A$150 |
|  | Tier 2 – Researcher, Nurses, Allied Health, Registrars | A$110 |  | Tier 2 – Researcher, Nurses, Allied Health, Registrars | A$100 |
|  | Tier 3 – Student | A$99 |  | Tier 3 – Student | A$90 |

***ADIPS Subscription Period is from 01 January to 31 December 2018***

**Payment Options:**

*(Please circle method of payment)* ***Tick if receipt is required***

***EFT Mastercard Visa*** ***Cheque*** ***Amount A$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Direct Bank Transfer:***

*EFT: ADIPS Ltd BSB: 012-055 Account No: 4067-02141* ***Reference:*** *Your initial & surname*

***(It is essential that you put in the Reference or your payment will not be recognised)***

***Credit Card Payment***

*Card Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_*

*Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Expiry Date: \_\_ \_\_ /\_\_ \_\_ Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**(Online payments by credit card available soon) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Cheques** should be made payable to ADIPS Ltd and be in Australian Dollars.

****** *Please cancel my subscription. I no longer wish to be a member of ADIPS Ltd.*  
 ***You must be a financial member of ADIPS to claim member registration to the ASM and to apply for any Grants or Awards.***

**Privacy Policy Note:** ADIPS Ltd complies with the Australian Privacy Principles; Privacy Amendment (Enhancing Privacy Protection) Act 2012, effective 12 March, 2014.

*\* I have read and* ***agree*** */* ***disagree*** *with the ADIPS Privacy Policy (See ADIPS Website)*  ***(Please circle one)***