29 June 2017

# 2017 ADIPS Subscription Renewal

## **Tax Invoice**

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

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

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

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

**Ordinary Member - A$99.00** (includes $9 GST)

**Overseas Ordinary Member - A$90.00** (excludes GST)

***ADIPS Subscription Period is from 01 January to 31 December 2017***

***Payment is due by 31 May 2017***

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**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)***