

QPMR

AMRSRS

QPMR Renewal Invoice

Membership Number:	Title (please circle):	MR	MRS	MS	DR	OTHER
Name:						
Company:						
Address:						
Suburb:		State:		P/code:		
Phone:			Fax:			
Email:						

Payment enclosed for the amount of **\$88.00** (gst inclusive) Date of payment: / /

Payment details: Cheque enclosed Paid by EFT on: / /

AMRSRS Bank Details
BSB: 062 217
Acct No: 0080 3399
Name: AMRSRS

Or please charge to: MasterCard Visa Amex* Diners*

• **NB: 3% surcharge applies for Amex or Diners cards.**

Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	Corporate Card: Yes / No			
Name on Card:	Expiry date:			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Please retain a copy of this for your record.
This will become a tax invoice on payment and receipt will be emailed to the nominated address

Return to: QPMR Annual Renewals
Address: AMRSRS, Level 1, 3 Queen Street Glebe, NSW, 2037
Phone: 02 9566 3100 / 1300 364 832
Fax: 02 9571 5944
Email: qpmr@amsrs.com.au
Website: www.amsrs.com.au
As at April 2009