

AUSTRALIAN INSTITUTE OF MEDICAL SCIENTISTS

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Recurring Credit Card Payment Authorisation Form

I hereby authorise the Australian Institute of Medical Scientists to charge the indicated credit card on a periodic (yearly) basis for the amount of my subscription fee for membership of AIMS.

This authorisation will remain in effect unless I revoke it in writing to AIMS or the credit card expires, in which case it is my responsibility to inform AIMS of the new expiry date.

If AIMS is unable to process my credit card, I will be responsible for alternate payment arrangements.

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Card No:

Expiry Date (mm/yr) /

Cardholder Name:
(As it appears on the card)

Cardholder Address:
.....

I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorised to enter into this recurring payment agreement with AIMS.

Date: / / Cardholder Signature:

This authorisation is available **only** by returning this application to:

**AIMS
PO Box 1911
MILTON QLD 4064, AUSTRALIA**

**No applications will be accepted over the phone.
Your membership must be financial to qualify for this authorisation.**

Please be advised: All Credit Card information is strictly confidential and will be held in secure facility.

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