



NON-PDL MEMBER SUBSCRIPTION

Pharmacists who are members of Pharmaceutical Defence Limited receive the *Australian Journal of Pharmacy* as a member bonus.

FAST FAX (02) 8117 9555

OR SEND TO: Australian Pharmaceutical Publishing Company Pty Ltd
Suite 1, Level 8, Tower A, The Zenith, 821 Pacific Hwy, Chatswood, NSW, Australia
Phone: (02) 8117 9500 International +61 2 8117 9500. Please have your credit card details ready

Subscribe to Australia's premier pharmacy journal THE AUSTRALIAN JOURNAL OF PHARMACY

Individual subscribers receive FREE access to AJP Online (www.ajp.com.au) and AJP on Friday weekly eNewsletter

Corporate and institutional subscribers do not receive access to AJP Online as part of their subscription. Online access for corporate and institutional subscribers to AJP Online is available via RMIT Publishing's Informat service as part of the Informat Health Collection at: www.informat.com.au/health-titles.html. Contact RMIT Publishing for more information.
T +61 3 9925 8210 E support@rmitpublishing.com.au

2017 NON-PDL MEMBER SUBSCRIPTION FEES (PRICES INCLUDE POSTAGE & HANDLING)		
AJP PRINT AND ONLINE		
TICK APPROPRIATE BOX	Within Australia	Overseas
One year (11 issues)	<input type="checkbox"/> \$189 incl. GST	<input type="checkbox"/> \$AUD259
Student one year	<input type="checkbox"/> \$80 incl. GST	
* * *		
AJP ONLINE ONLY		
One year (11 issues)	<input type="checkbox"/> \$120 incl. GST	
Student one year	<input type="checkbox"/> FREE	University: ID #

Title _____ Given names _____ Surname _____

Pharmacy/Business Name _____

Delivery Address _____

City _____ State _____ Country _____ Post Code _____

Tel _____ Fax _____ Email _____

Student No. (if applicable) _____ Institution _____

I would like to receive **AJP Online** I would like to receive the weekly **AJP Daily** email

I enclose a cheque/postal order for \$AUD _____ made payable to 'APPco'

Credit Card (details below)

Visa Mastercard Bankcard Diners Club American Express

Card Number _____ Expiry Date _____

Name on card (please print) _____ Total amount \$AUD _____

Signature _____

Once completed, this form becomes a **tax invoice** for GST purposes. Please retain a copy for your records.
For tax purposes, you will also need to retain proof of payment.

