



**PROBUS CENTRE - SOUTH PACIFIC INC.
2010 – 2011 INSURANCE - ADMINISTRATION
CAPITATION CONTRIBUTION & OPTIONAL
ADDITIONAL DIRECTORY
- PRO-FORMA INVOICE -
ABN 38 726 423 979
DUE BY 30TH APRIL, 2010**

PLEASE COMPLETE ALL DETAILS AND PRINT CLEARLY IN BOLD LETTERING

FULL CLUB NAME: _____

CLUB NUMBER: _____

POSTAL ADDRESS:

POSTCODE: _____

1. COMPREHENSIVE INSURANCE CONTRIBUTION

NUMBER OF MEMBERS: _____ @ \$0.15 per member = \$ _____

(Including Honorary & Life Members)

This insurance covers Probus members & guests with \$20M Public Liability, Personal Accident, Money Cover & \$5M Association Liability. An 'Insurance Reserve' exists to cover the excess component for property damage under the Public Liability Insurance, to be made available to clubs in the event of a claim.

2. ADMINISTRATION CAPITATION CONTRIBUTION

NUMBER OF MEMBERS: _____ @ \$2.00 per member = \$ _____

(Including Honorary & Life Members)

3. OPTIONAL 2010-2011 DIRECTORY OF PROBUS CLUBS

(One complimentary copy of the Directory is provided to clubs.)

NUMBER OF ADDITIONAL COPIES: _____ @ \$20.00 per copy = \$ _____

Section 1, 2 and 3 TOTAL: \$ _____

Please forward ONE cheque for the total amount together with this invoice payable to:
PROBUS CENTRE – SOUTH PACIFIC INC.
POST OFFICE BOX 1294
PARRAMATTA NSW 2124
AUSTRALIA

Is your club registered for G.S.T? Yes/No (please circle)

If yes, the Probus Centre - South Pacific Inc. will issue a Tax Invoice on receipt of payment. Otherwise this invoice should be photocopied as your clubs receipt.

Name of person completing this form: _____

TEL: _____ **EMAIL:** _____