



PROBUS CENTRE - SOUTH PACIFIC INC.
2010 – 2011 ADMINISTRATION/INSURANCE CAPITATION CONTRIBUTION
- PRO-FORMA INVOICE -
ABN 38 726 423 979

PHILIPPINE PROBUS CLUBS ONLY

FULL CLUB NAME: _____

CLUB NUMBER: _____ **PHONE #:** _____

POSTAL ADDRESS: _____

_____ **POSTCODE:** _____

Email Address: _____

ADMINISTRATION/INSURANCE CAPITATION CONTRIBUTION

NUMBER OF MEMBERS: _____ @ P100 per member = P _____
(Including Honorary & Life Members)

All fees are due for payment before April 30th annually.
Pro Rata fees due within 30 days of Charter date.

All fees should be paid by BANK DEPOSIT to:

ANY BRANCH OF BPI into:

Account Name: PROBUS CENTRE – SOUTH PACIFIC
Branch: WILSON – EAST - GREENHILLS BRANCH
Account Number: 4041-0027-81

Returning Officer Name and Signature: _____

Fax this document to: PCSP c/o PDG Geoff McLennan at 02 724 3997 OR
email to: GeoffBMcLennan@gmail.com OR
Mail to: 259 V. Ibanez St, Little Baguio, San Juan. Manila. 1500.
This is the only way your Club payments can be confirmed.
Keep a copy for your Club records.

Pat Atkinson
General Manager