



NON-PDL MEMBER SUBSCRIPTION

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

Email: appcoadmin@appco.com.au

OR SEND TO: AJP Subscriptions, Australian Pharmaceutical Publishing Company Pty Ltd
Suite 1, Level 19, Tower A, The Zenith, 821 Pacific Hwy, Chatswood NSW 2067, Australia OR
T (02) 02 8117 6500 International T +61 2 8817 6500. Please have your credit card details ready.

Subscribe to Australia's premier pharmacy journal

THE AUSTRALIAN JOURNAL OF PHARMACY

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

2021 NON-PDL MEMBER SUBSCRIPTION FEES

(PRICES INCLUDE POSTAGE & HANDLING)

Individual subscribers to the printed journal also receive access to AJP e-mag and the AJP Daily e-newsletter as part of their subscription

AJP PRINT

TICK APPROPRIATE BOX

Within Australia

Overseas

One year (11 issues)

\$225 incl. GST

\$AUD335 (no GST)

Student one year

\$85 incl. GST

* * *

AJP E-MAG ONLY

One year

\$128 incl. GST

Student one year

FREE

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 e-mag**. I would like to receive the **AJP Daily e-newsletter**.

Due to current pandemic, we are requesting that payments be made by EFT. If this is not possible, please send an email to appcoadmin@appco.com.au requesting an alternative.

Bank Account name: APPco Main Account
BSB: 063 000
Bank Account number: 1187 2036

Reminder to email your form after payment so we have your details!

Please note here the Reference you included on the bank transfer: _____
(Suggestion: Surname, First Initial, and/or Pharmacy/Business Name)

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.