



Infection Control Association of NSW INC

Telephone: 02 9799 1632 Fax 9799 1867

PO Box 212, Croydon NSW 2132

Email: info@icansw.org.au Website www.icansw.org.au

Membership Application

1st July 2010 – 30th June 2011

Tax Invoice

A.B.N. 87 252 755 094

Please take a copy of the completed form as your Tax Invoice / Receipt

Renewal - Member Number _____ New Member - How did you hear about ICA? _____

Name (Please print) _____

Address _____

Suburb _____ State _____ Post Code _____

Name of Facility _____ Phone Number work _____

Home _____ Mobile _____

Email address _____

please ensure you include an email address clearly to ensure you receive regular updates

I hereby agree to abide by the Rules and Articles of Association of the ICA NSW Inc

Signature _____

Membership Type

Full member	\$110.00 / per year	<input type="checkbox"/>	
Facility member (Health Care Facility subscription)	\$119.00 / per year	<input type="checkbox"/>	
Affiliate member	\$80.00 / per year	<input type="checkbox"/>	
Facility Affiliate member (Health Care Facility subscription)	\$86.00 / per year	<input type="checkbox"/>	
Corporate member (Medical/Pharmaceutical Trade and related only)	\$245.00 / per year	<input type="checkbox"/>	

HOW TO PAY Please circle

Cheque / Money Order EFT or Charge to Credit Card

Payment by Cheque Please send cheque to:- Infection Control Association, PO Box 212, Croydon NSW 2132

Payment by Electronic Funds Details

To make a payment via EFT You need to quote your name in the transaction when paying so that we can identify the payment to your membership

Please provide date EFT was made Date paid _____

ICA Banking details for EFT - Account Name: Infection Control Association

Bank: Westpac BSB:- 032007 Account Number 124897

Payment by Credit Card Visa Mastercard Amount to be charged \$ _____

 Expiry date _____ / _____

Name on card _____ Signatory _____

Date _____

Please return to the above address or for credit card payments Fax 02 9799 1867