



# Infection Control Association of NSW INC

☎ Telephone: 02 9799 1632 Fax 9799 1867

PO Box 212, Croydon NSW 2132

✉ Email: [info@icansw.org.au](mailto:info@icansw.org.au) Website [www.icansw.org.au](http://www.icansw.org.au)

## Membership Application

1<sup>st</sup> July 2011 – 30<sup>th</sup> June 2012

## 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**