

ICHCA AUSTRALIA MEMBERSHIP APPLICATION 2024

Return completed form to deb.warda@ichca.com

Applicant Details	
Company Name	
Company Address	
Name of Primary Representative	
Position in Company	
Phone	
email	
Administration Contact Name	
Phone	
email	
<input type="checkbox"/> Please tick the box if you DO NOT want your organisation's profile, description of services, logo or contact information on ICHCA's website, newsletters, member's directory or ICHCA promotional material.	
Description	Amount (AUD)
ICHCA AUSTRALIA MEMBERSHIP SUBSCRIPTION for 2023 CALENDAR YEAR	
<small>(Please select)</small>	
<input type="checkbox"/> Corporate Membership \$900 plus 10% GST	990.00
<input type="checkbox"/> Individual Membership \$150 plus 10% GST	165.00
Payment Options	
<input type="checkbox"/> Credit Card Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Amount \$ <input type="text"/> Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name as shown on card <input type="text"/>	<input type="checkbox"/> Electronic Transfer BSB 084-004 Account 55 002 6715 Reference - company name or surname Remittance advice to deb.warda@ichca.com

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Corporate Membership Nominees

Please list up to 4 additional contacts (not including the primary representative) within your organisation to receive website member access and all ICHCA email communications

Company Name	
Company Address	
Contact Name	
Position in Company	
email	
Contact Name	
Position in Company	
email	
Contact Name	
Position in Company	
email	
Contact Name	
Position in Company	
email	