

TAX INVOICE

ABN 51 004 313 142

This application form will only become a tax invoice upon payment of the correct fee to the IHEA



IHEA

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
SUPPORTING HEALTH FACILITIES MANAGEMENT

Application for state or national corporate membership

(to be typed or printed in block capitals)

Information relating to the Institute of Hospital Engineering, Australia may be found at www.ihea.org.au or by contacting the national OFFICE AS FOLLOWS:

Institute of Hospital Engineering, Australia
PO Box 9, Milawa VIC 3678
Phone: 1300 929 508 • Fax: (03) 5727 3232
Email: info@ihea.org.au • Web: www.ihea.org.au

- 1) Fully complete all sections on this form
- 2) Attach a cheque for Corporate Membership fee. Corporate Membership of IHEA is due on the 1st of July and payable within 30 days.
- 3) Send this application form along with **PAYMENT TO THE IHEA NATIONAL OFFICE.**

Please refer to IHEA website for IHEA Membership Fee Schedule.

COMPANY DETAILS	
COMPANY NAME:	
COMPANY ADDRESS:	
	POSTCODE:
TEL:	FAX:
EMAIL:	

NOMINATED PERSONS (For National applications, please use second page)	
1. NAME:	Email:
2. NAME:	Email:

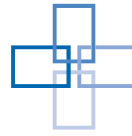
INDUSTRY EXPERIENCE

APPLICANT'S DECLARATION
I AGREE, IF ADMITTED TO THE INSTITUTE OF HOSPITAL ENGINEERING AUSTRALIA, TO CONFORM TO THE ARTICLES OF ASSOCIATION AND RULES OF THE INSTITUTE. I CERTIFY THAT STATEMENTS MADE ON THIS APPLICATION ARE CORRECT. <input type="checkbox"/> (Please tick box)
SIGNATURE: _____ DATE: ____ / ____ / ____

PAYMENT DETAILS - Fee due includes GST
PLEASE FIND ENCLOSED A CHEQUE IN THE AMOUNT OF \$ _____ or
PLEASE DEBIT MY CREDIT CARD FOR THE AMOUNT OF \$ _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> BANK CARD
CARD NUMBER : _____ / _____ / _____ / _____ EXPIRY DATE: ____ / ____ / ____
NAME ON CARD: _____ SIGNATURE: _____

IHEA use only

GRADE OF MEMBERSHIP	MEMBERSHIP No.:	DATE ADMITTED:	BRANCH:
CERTIFICATE No.:	APPROVED BY:	INV. No.	



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INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
SUPPORTING HEALTH FACILITIES MANAGEMENT

national corporate membership Nominees

(to be typed or printed in block capitals)

NOMINATED PERSONS - NEW SOUTH WALES	
1. NAME:	Email:
2. NAME:	Email:

NOMINATED PERSONS - VICTORIA/TASMANIA	
1. NAME:	Email:
2. NAME:	Email:

NOMINATED PERSONS - QUEENSLAND	
1. NAME:	Email:
2. NAME:	Email:

NOMINATED PERSONS - SOUTH AUSTRALIA/NORTHERN TERRITORY	
1. NAME:	Email:
2. NAME:	Email:

NOMINATED PERSONS - WESTERN AUSTRALIA	
1. NAME:	Email:
2. NAME:	Email: