

IHEA

INSTITUTE OF HOSPITAL ENGINEERING, AUSTRALIA
SUPPORTING HEALTH FACILITIES MANAGEMENT

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

APPLICATION FOR MEMBERSHIP

(TO BE TYPED OR PRINTED IN BLOCK CAPITALS)

APPLICATION TO BE APPOINTED ASSOCIATE OF THE INSTITUTE

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 INDIVIDUAL MEMBERSHIP FEE.**
- 3) **SEND THIS APPLICATION FORM ALONG WITH PAYMENT TO THE IHEA NATIONAL OFFICE.**

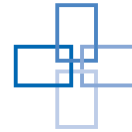
PLEASE REFER TO IHEA WEBSITE FOR IHEA MEMBERSHIP FEE SCHEDULE.

PERSONAL DETAILS OF APPLICANT	
SURNAME:	OTHER NAMES:
PREFERRED NAME (If different to First Name) :	
DATE OF BIRTH:	
HOME ADDRESS:	
	POSTCODE:
TEL:	FAX:
MOBILE:	EMAIL:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
	POSTCODE:
TEL:	FAX:
EMAIL:	
PREFERRED MAIL ADDRESS	HOME <input type="checkbox"/>
	WORK <input type="checkbox"/>

EDUCATION
TITLE OF QUALIFICATION*:
UNIVERSITY/SCHOOL ATTENDED:
YEAR OF FINAL EXAMINATION:
TITLE OF QUALIFICATION*:
UNIVERSITY/SCHOOL ATTENDED:
YEAR OF FINAL EXAMINATION:

* ATTACH PHOTOCOPIES OF ALL QUALIFICATIONS





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PROFESSIONAL EXPERIENCE

This statement should show, in chronological order, your employment details and must conclude with details of your present employment including your responsibilities. A current résumé may be attached as an alternative to filling out this section.

MEMBERSHIP OF ANY OTHER RECOGNISED INSTITUTE(S):

SPECIAL INTERESTS

APPLICANT'S DECLARATION

I AGREE, IF ADMITTED TO THE INSTITUTE OF HOSPITAL ENGINEERING AUSTRALIA, TO CONFORM TO THE MEMORANDIUM AND ARTICLES OF ASSOCIATION AND RULES OF THE INSTITUTE. I CERTIFY THAT STATEMENTS MADE BY ME, ON THIS APPLICATION ARE CORRECT. (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 \$ _____ VISA MASTER CARD BANKCARD

CARD NUMBER: _____ / _____ / _____ / _____ **EXPIRY DATE:** ____ / ____ / ____

NAME ON CARD: _____ **SIGNATURE:** _____

IHEA use only

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

