

Information relating to membership and fees may be found at:  
[http://ihea.org.au/page/joining\\_ihea.html](http://ihea.org.au/page/joining_ihea.html)

Applicants may apply to join online at:  
<http://ihea.org.au/register>

General information relating to the Institute of Healthcare Engineering, Australia may be found by contacting the Institute of Healthcare Engineering, Australia as follows:

IHEA, c- FMA Australia  
Suite 4.01, 838 Collins Street, Docklands Victoria 3008  
Phone: 1300 929 508  
Email: [info@ihea.org.au](mailto:info@ihea.org.au)  
Web: [www.ihea.org.au](http://www.ihea.org.au)



## APPLICATION FOR INDIVIDUAL MEMBERSHIP

### Membership Sought

I am seeking membership as:

- Associate
- Interested Person
- Graduate
- Tradesperson
- Apprentice
- Student
- Full Member (n.b. subject to assessment)

### Instructions

1. Please type or print in block letters.
2. Fully complete all sections of this form.
3. Attach a copy of the role description for your current ongoing position.
4. Attach a copy of your résumé.
5. Send the application and associated documentation to the IHEA National Office or electronically to [members@ihea.org.au](mailto:members@ihea.org.au).
6. Applicants will be advised of the outcome of their application and a tax invoice provided to finalise the membership.

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

### APPLICANT'S DECLARATION

I agree, if admitted to the Institute of Healthcare Engineering Australia, to conform to the memorandum 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:**