

Application For State or National Corporate Membership

STEP ONE

Please complete this PDF digitally by opening it in Adobe Reader, or alternately print this form and complete using BLOCK LETTERS.

STEP TWO

Send your completed application and supporting documentation to the IHEA National Office via email to: ihea.members@ihea.org.au.

Applicants will be advised of the outcome of their application via email and a tax invoice will be provided to finalise membership.

COMPANY DETAILS

Company Name:	
Company Address:	
	Postcode:
Phone:	Fax:
Mobile:	Email:

STATE NOMINATIONS (FOR NATIONAL APPLICATIONS, PLEASE USE SECOND PAGE)

NOMINATED PERSON 1	
Full Name:	Phone:
Email:	Address:
NOMINATED PERSON 2	
Full Name:	Phone:
Email:	Address:

APPLICANT'S DECLARATION

<input type="checkbox"/>	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.
Signature:	Date:

QUEENSLAND NATIONAL NOMINATIONS	
NOMINATED PERSON 1	
Full Name:	Phone:
Email:	Address:
NOMINATED PERSON 2	
Full Name:	Phone:
Email:	Address:

NEW SOUTH WALES NATIONAL NOMINATIONS	
NOMINATED PERSON 1	
Full Name:	Phone:
Email:	Address:
NOMINATED PERSON 2	
Full Name:	Phone:
Email:	Address:

VICTORIA/TASMANIA NATIONAL NOMINATIONS	
NOMINATED PERSON 1	
Full Name:	Phone:
Email:	Address:
NOMINATED PERSON 2	
Full Name:	Phone:
Email:	Address:

SOUTH AUSTRALIA/NORTHERN TERRITORY NATIONAL NOMINATIONS	
NOMINATED PERSON 1	
Full Name:	Phone:
Email:	Address:
NOMINATED PERSON 2	
Full Name:	Phone:
Email:	Address:

WESTERN AUSTRALIA NATIONAL NOMINATIONS	
NOMINATED PERSON 1	
Full Name:	Phone:
Email:	Address:
NOMINATED PERSON 2	
Full Name:	Phone:
Email:	Address:

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