ICCWA
Injury Control Council of Western Australia

CITY WEST LOTTERIES HOUSE
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APPLICATION FOR 2009/2010 MEMBERSHIP

TAX INVOICE
ABN 16 423 380 886
GST Registered

New Membership ☐

Title	
First Name	
Last Name	
Occupation/Position	
Organisation	
Mailing Address	
Phone/ Fax	
Email	
Injury Prevention area of expertise/interest:	

On being elected a member for 2009/2010, I/We hereby agree to abide by the rules of the Constitution of ICCWA.

Signature: Date:

Fax or Mail this completed Membership Form with your payment

Corporate Membership ☐ $143.00 (gst inclusive)
Individual Membership ☐ $ 25.00 (gst inclusive)

Reciprocal Membership and Fee Negation with not-for-profit agencies will also be considered.

Direct Debit ☐
Account Name: ICCWA
BSB: 066130
Account No: 10216296
Reference: *Please enter your name*

Cheque Enclosed ☐

Credit Card: ☐ **Bankcard / Mastercard / Visa** Amount: $.....

Card number _____/_____/_____/_____ Expiry date ___ _ /_ ___

Name on card ..... Signature .....

OFFICE USE ONLY	RECEIVED	ENTERED	BOARD APPROVED