



Corporate Associates Program Application

TAX INVOICE

ABN 70 901 535 539

Organisation Name _____

Address _____

_____ State _____ Postcode _____

Company's specific area of operations (vendor/user/product details, etc)

Person nominated for membership _____

Telephone _____ Mobile _____ Email _____

Address (if different to above) _____

Person nominated for membership _____

(if applicable – see over)

Telephone _____ Mobile _____ Email _____

Address (if different to above) _____

Person nominated for membership _____

(if applicable – see over)

Telephone _____ Mobile _____ Email _____

Address (if different to above) _____

Marketing contact – to ensure that the information regarding events etc reaches the correct person in your organisation

Name _____

Address (if different to above) _____

Telephone _____ Mobile _____ Email _____

Names of 3 additional employees to receive all publications (regardless of no. of employees)

Name _____

Address (if different to above) _____

Telephone _____ Mobile _____ Email _____

Name _____

Address (if different to above) _____

Telephone _____ Mobile _____ Email _____

Name _____

Address (if different to above) _____

Telephone _____ Mobile _____ Email _____

Over

	Please tick one		Fees GST Inclusive	
Annual Fees	<input type="checkbox"/>	Less than 10 full time employees (fee includes 1 membership of IICA)	\$340.00*	Please choose applicable Membership level
	<input type="checkbox"/>	Between 11 & 50 full time employees (fee includes 2 memberships of IICA)	\$680.00*	
	<input type="checkbox"/>	Over 50 full time employees (fee includes 3 memberships of IICA)	\$1020.00*	
<u>PLUS</u>		Joining fee	\$192.50	Compulsory
<u>PLUS</u>	<input type="checkbox"/>	Logo on CAP listing on website	\$110.00	Optional

* These rates are per annum. A pro rata amount is payable if joining mid year

PAYMENT DETAILS

- Cheque for \$_____ payable to IICA is enclosed
- Charge my credit card with the amount of \$_____
- Bankcard
 Mastercard
 Visa
 AMEX

Card Number _____ / _____ / _____ / _____ Expiry Date ____ / ____

Name on card _____ Signature _____

Please post or fax this application with your payment to:

IICA

PO Box 681

Patterson Lakes Vic 3197

Fax no: 03 9772 0133