

**COMPANY DETAILS**

COMPANY NAME \_\_\_\_\_ URL/WEBSITE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**PRIMARY CONTACT**

The person who will be the primary recipient of information from ISSA

MR. MRS. MS.

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**OFFICIAL COMPANY REPRESENTATIVE**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

JOB TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ COMPANY E-MAIL \_\_\_\_\_

**MARKETING CONTACT**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

JOB TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

NOTE: The only purposes of the Official Representative are to vote and hold office. No other mailings will go to the Official Representative only to Primary contact. All fields are required.

**ISSA membership active through Nov 30, 2021**

**\$845.90 incl GST**

- The ISSA membership year is from December 1 to November 30.
- The invoice for the next membership fee will be sent in November 2020 or 2021. Refunds are not possible.
- To benefit from membership discounts at exhibitions, a continuous membership of exhibitors is required.
- The membership renews automatically every 1 year, if not canceled before October 31.

**FORM OF PAYMENT**

CHARGE MY VISA/MASTERCARD ACCOUNT: CVC Code MONTH / YEAR EXPIRATION DATE

CARD NUMBER \_\_\_\_\_

WIRE TRANSFER TO:  
INTERNATIONAL SANITARY SUPPLY ASSOCIATION  
COMMONWEALTH BANK OF AUSTRALIA  
GROUND FLOOR, 201 SUSSEX STREET, TOWER 1  
SYDNEY 2000 AUSTRALIA

Account number 19383124  
BSB 062000  
Swift Code CTBAAU2S

SIGNATURE \_\_\_\_\_ PRINT CARD HOLDER NAME \_\_\_\_\_

I understand that by providing the above information, I agree to receive information about ISSA membership benefits and services via email, fax, phone and post; and also agree to the terms and conditions of ISSA's Privacy Policy ([www.issa.com/privacy-notice.html](http://www.issa.com/privacy-notice.html)).

**CODE OF ETHICS ACKNOWLEDGEMENT:** The applicant hereby certifies that it has reviewed ISSA's Code of Ethics and all applicable agreements online at [www.issa.com/code](http://www.issa.com/code) and is in compliance therewith. The applicant further agrees that it will remain in compliance as a condition for continued ISSA membership. All statements made by me and contained herein are true.

**SIGNATURE:** By typing your full name in the "Signature Required" box, and clicking the adjacent box "accept", you are agreeing to the full terms and conditions of ISSA membership ([www.issa.com/about-issa/terms-and-conditions](http://www.issa.com/about-issa/terms-and-conditions)).

SIGNATURE REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_