

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).

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 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).

SIGNATURE REQUIRED _____ DATE _____

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+61 2 9890 4951

Please complete and return to oceania@issa.com for processing