



Tasmanian Infection Control Association

MEMBERSHIP FORM 2011 TAX INVOICE



Name: _____ Street: _____

Suburb: _____ Post Code: _____ Phone: _____

Fax: _____ Email*: _____

***Please ensure an Email address is provided as ALL correspondence will be sent electronically**

I do not give permission for my contact details (name, email, position & region only) to be shared with TICA membership (please note: if selected you will not receive other TICA Member details)

MEMBERSHIP: Full Member Student (proof required, please complete reverse of form)

REGION: North West North South

AREA OF EMPLOYMENT: Workplace: _____ Position: _____

Public Hospital Laboratory Office Based Practice
 Private Hospital Education Primary Health
 Long Term Care Dental Other: _____

AREAS OF PROFESSIONAL INTEREST AND EXPERTISE:

Availability to review AICA articles in your area of expertise YES NO
Are you interested in supporting the TICA Executive if required/ asked? YES NO
Are you an AICA credentialed ICP YES NO

MEMBERSHIP IS OPEN TO THE FOLLOWING:

1. Persons active in infection prevention and control
2. Persons with a professional interest and/ or responsibility in infection prevention and control
3. Such other members as the Management Committee shall from time to time determine should become Honorary or Life Members of the Association
4. Persons who reside in Tasmania are enrolled in healthcare related (degree or diploma), full time study in Tasmania

FEE DUE (28TH FEBRUARY 2011):

MEMBERSHIP: \$120 **STUDENT MEMBERSHIP¹: \$50**

PAYMENT OPTIONS (GST EXEMPT)

CHEQUE ELECTRONIC FUNDS TRANSFER TO MYSTATE FINANCIAL

ACCOUNT DETAILS: BSB: 807-009 ACCOUNT NUMBER: 1211-8571

PLEASE ENSURE A COPY OF ELECTRONIC TRANSACTION IS MAILED TO TICA

* Please make cheques payable to: Tasmanian Infection Control Association Inc.

* Please forward membership forms to: TICA GPO Box 2041, Hobart, TAS 7001

¹ Student membership has the entitlements of full members, with the exception of scholarship/awards. Each scholarship/award will have their own individual selection criteria & eligibility; some scholarships/awards may not permit student members to apply.

Please Note: Membership is not open to industry. Membership is to be paid by 28th February 2011. Membership paid partway through the financial year will remain at the current annual rate. Membership fee covers reciprocal membership to the Australian Infection Control Association. You will be added to the TICA mailing list unless you tick this box



Tasmanian Infection
Control Association



STUDENT MEMBERSHIP
(the following must be completed for Student membership)

Name of Educational Institution: _____

Name of Course Currently Enrolled In: _____

Expected Year of Graduation: _____

CONFIRMATION OF STUDENT STATUS:

Student membership is open to persons who reside in Tasmania are who enrolled in healthcare related (degree or diploma), full time study in Tasmania.

Please ask a lecturer or supervisor who is employed by your educational institution to complete the following

OR

Enclose proof of your enrolment status e.g. up to date enrolment form.

Name: _____ Position: _____

Email: _____ Contact Number: _____

I can confirm that the named person is currently enrolled in the course detailed above:

Signature

Date

Office Use Only:

Date received: _____

- New membership
- Renewal
- Student status confirmed

- Added to database
- Receipt Issued

Receipt Number:
Receipt Date Sent: