## **Membership Application OCEANIA REGION**

## **Distributor**



COMPANY DETAILS				
COMPANY NAME	URL/WEBSITE	CITY	STATE/PROVINCE	
STREET		POSTAL CODE	COUNTRY	
PRIMARY CONTACT The person who will be the prima	ary recipient of information from ISSA	OFFICIAL COMPANY	REPRESENTATIVE	
FIRST NAME	SURNAME	FIRST NAME	SURNAME	
E-MAIL		E-MAIL		
JOB TITLE	PHONE/MOBILE	JOB TITLE	PHONE/MOBILE	
MARKETING CONTAC	т	EDUCATION/TRAINI	NG CONTACT	
FIRST NAME	SURNAME	FIRST NAME	SURNAME	
E-MAIL		E-MAIL		
JOB TITLE	PHONE/MOBILE	JOB TITLE	PHONE/MOBILE	
COMPANY DESCRIPT	ON			
PROVIDE GENERAL COMPANY DESCRIPTION		PLEASE DESCRIBE WHAT YOU	PLEASE DESCRIBE WHAT YOU EXPECT TO RECEIVE AS A RESULT OF YOUR MEMBERSHIP	
PLEASE DESCRIBE YOUR REAS	ONS FOR JOINING ISSA			
	the Official Representative are to vote the Official Representative only to Prin	office. No other mailings will go to the chary contact. All fields are required.	Official Representative and hold office.	
ISSA members through Nov 3 \$880.00 incl	Refund To ber of exh	SA membership year is from December 1 voice for the next membership fee will be dis are not possible. Refit from membership discounts at exhibitors is required. Rembership renews automatically every 1	e sent in November 2021. bitions, a continuous membership	
WIRE TRANSFER TO: INTERNATIONAL SANITARY SUPPLY ASSOCIATION COMMONWEALTH BANK OF AUSTRALIA GROUND FLOOR, 201 SUSSEX STREET, TOWER 1 SYDNEY 2000 AUSTRALIA		BSB 062000 Swift Code CTBAAU2S		
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).		phone it has reviewed ISSA's Co blicy www.issa.com/code and that it will remain in com	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 REQUIRED	DATE	clicking the adjacent bo	your full name in the "Signature Required" box, and x "accept", you are agreeing to the full terms and bership (www.issa.com/about-issa/terms-and-conditions).	



ISSA HEADQUARTERS

10275 W. Higgins Road, Suite 280



Rosemont, IL 60018 Tel.: 800-225-4772 (North America) or 847-982-0800







ISSA OCEANIA OFFICE Suite 1, Level 1, 52 O'Connell St Parramatta, NSW 2151 Australia +61 2 9890 4951