



**Infection Control Practitioners
Association of Queensland**

PO Box 6188
Buranda Qld 4102

ICN: IA14788
ABN: 15214872793

**ICPAQ Membership Renewal Notice 2010
TAX INVOICE**

Renewal of your ICPAQ membership is due by the **30th June 2010**.

Please indicate your payment method below:

Cheque or money order for \$100.00 made payable to the **Infection Control Practitioners Association of Queensland Inc.** Please forward in the reply paid envelope along with this form.

OR

Electronic funds transfer of \$100.00 to ICPAQ account via your Internet banking facility:
Commonwealth Bank, Stones Corner **BSB: 064-132 Account No: 10041471**
Account Name: Infection Control Practitioners Association Inc
Date of Transaction: ____/____/2010 Transaction No: _____

IMPORTANT:

1. In the "Reference" field of your transaction you **MUST** include your membership number (see bottom of this form) and the name the membership is held in.
2. Record the date and receipt/transaction number in the above section.
3. Ensure you return this form in the reply-paid envelope. **A formal receipt will only be provided on receipt of this form by the ICPAQ Treasurer.**

Please note that ICPAQ does not charge GST on membership fees.

We would like to take this opportunity to update your membership details. Please find listed below your current information held on record. Please confirm that they are correct or advise of any changes:

Details	
Title:(Dr, Mr, Mrs):	
Membership Name: NB: Subsequent annual Membership Renewal Notices will be sent to this name	
Postal Address:	
Suburb/State/Postcode:	
Phone:	
E-mail**: Please print e-mail address & ensure that ICPAQ is informed of any subsequent changes	
Name of individual carrying out infection control when membership is an organisation	
Current Position:	
Current Workplace:	

****All ICPAQ correspondence except annual general meeting documents, membership renewals & receipts will be via email unless hard copies are specifically requested. Please tick the box if you wish to receive only hard copies of correspondence**

From time to time, AICA wish to send notice of meetings & other relevant information by electronic transmission. Please tick the box if you do not wish to receive material from AICA electronically

We thank you for your assistance.

Disclaimer: The primary purpose of collecting the personal information you supply as a result of your membership renewal form is to process your membership renewal. We will also use these details to keep you informed of future events, and will not disclose this information to a third party.

OFFICE USE ONLY

Membership name: _____ Membership No: _____
Receipt No: _____ Receipt Date: ____/____/2010 Database Date: ____/____/2010