

**COMPANY DETAILS**

COMPANY NAME	URL/WEBSITE	CITY	STATE/PROVINCE
STREET		POSTAL CODE	COUNTRY

**PRIMARY CONTACT**

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

FIRST NAME	SURNAME
E-MAIL	
JOB TITLE	PHONE/MOBILE

**OFFICIAL COMPANY REPRESENTATIVE**

FIRST NAME	SURNAME
E-MAIL	
JOB TITLE	PHONE/MOBILE

**MARKETING CONTACT**

FIRST NAME	SURNAME
E-MAIL	
JOB TITLE	PHONE/MOBILE

**EDUCATION/TRAINING CONTACT**

FIRST NAME	SURNAME
E-MAIL	
JOB TITLE	PHONE/MOBILE

**COMPANY DESCRIPTION**

PROVIDE GENERAL COMPANY DESCRIPTION	PLEASE DESCRIBE WHAT YOU EXPECT TO RECEIVE AS A RESULT OF YOUR MEMBERSHIP
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PLEASE DESCRIBE YOUR REASONS FOR JOINING ISSA

NOTE: The only purposes of the Official Representative are to vote office. No other mailings will go to the Official Representative 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, 2024**

**USD 865.00**

- The ISSA membership year is from December 1 to November 30.
- The invoice for the next membership fee will be sent in November 2024. 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.

**WIRE TRANSFER TO:**

**Bank:** Commonwealth Bank Australia (US Dollar Account)  
**Bank Address:** Ground Floor Tower 1, 201 Sussex Street, Sydney, NSW, 2000, Australia  
**Name:** International Sanitary Supply Association

**BSB:** 062-000  
**Swift/BIC code:** CTBAAU2S  
**A/C:** 19383140

**Email [oceania@issa.com](mailto:oceania@issa.com) for Tax Invoice or to pay by credit card.**

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
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**ISSA HEADQUARTERS**  
10275 W. Higgins Road, Suite 280  
Rosemont, IL 60018  
Tel.: 800-225-4772 (North America) or 847-982-0800

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Parramatta, NSW 2151 Australia  
+61 2 9890 4951



**Please complete and return to [oceania@issa.com](mailto:oceania@issa.com) for processing**