

Membership Application

TAX INVOICE ABN 640 058 875 70

National Secretariat

IHHC
 Suite 5, 250 Gore Street
 Fitzroy Vic 3065
 Tel: 03 9416 3833 Fax: 03 9416 4344
 Email: ihhc@clems.com.au



OFFICE USE ONLY

Date received:
 Date approved:
 Grading:
 Board Accept:.....
 Joining Fee:.....
 P/R Subs:.....
 Cert. Number:.....
 Date Cert. Issued:.....
 Profile in system:

Surname:		Given Name:	
Home Address:			
Email:		Phone (H):	
Institution:		Position/Title:	
Work Address:			
Email:		Mobile:	
Phone (W):		Fax (W):	

Business Experience & Qualifications

Dates From	Dates To Current	Name & Address of Employer	Position	No. of Employees Controlled

Education Qualifications (Degrees, Diploma, Certificates, etc)

Date Completed	Name of Course	Name of Institution

Membership Fee: \$88.00

Joining fee covers your first year's subscription until 1st January of the following year. Please return application fee & certified copies of qualifications to the IHHC National Office.

DECLARATION: If admitted, I agree to be bound by the constitution and will worthily uphold the ideals and principals of the institution.
 Signature of ApplicantDate

PROPOSER: Before sending, this form must be signed by a proposer and a seconder who must be financial members of the institution.
 PROPOSER: Name Signature
 Address

SECONDER: Name Signature
 Address

NEW BANK ACCOUNT DETAILS:

- EFT** Account Name: IHHC
 BSB: 083 232 Account No: 15917 1012
- CREDIT CARD** – Visa or Mastercard
 Name on Card.....
 Card No.....
 Expiry Date..... Amount: \$.....
- CHEQUE** Please make payable to IHHC and send to the IHHC National Secretariat.