

STERILIZING RESEARCH & ADVISORY COUNCIL OF AUSTRALIA (QLD) INC.

ABN 39686019212



NEW MEMBERSHIP or RENEWAL OF MEMBERSHIP

1st JULY 2017 to 30th JUNE 2018

(Application/Tax Invoice)

Memberships are GST Exempt

Please identify membership required and tick appropriate boxes

- | | | | |
|--|---------|---|--|
| <input type="checkbox"/> New Membership | \$45.00 | <input type="checkbox"/> Full Membership | } <i>please read explanation over page</i> |
| <input type="checkbox"/> Renewal of Membership | \$40.00 | <input type="checkbox"/> Associate Membership | |
| <input type="checkbox"/> LIFE MEMBER | | | |

QUALIFICATIONS – Do you possess a TAFE/or equivalent sterilizing technology qualification?

- Nil Qualifications Cert II Sterilizing Cert III Sterilizing Other Qualifications

MEMBERSHIP DETAILS

Please Print

TITLE: Mr. Mrs. Miss. M/s. Dr. Other.....

SURNAME..... **FIRST NAME**

Postal Address.....

Post Code.....

Telephone Work: **Workplace**.....

E-Mail.....

Would you like to receive the SRACA newsletter via e-mail Yes No

SRACA Qld Inc. MEMBERSHIP NUMBER.....

NEW MEMBERSHIP ONLY

Proposer and Seconder of the nomination are to complete this section

We, the undersigned hereby respectively, Nominate and Second this candidate for FULL/ASSOCIATE membership of the Sterilizing Research and Advisory Council of Australia (Qld) Inc.

Name of Proposer..... Signature.....

Address..... Post Code.....

Name of Seconder..... Signature.....

Address..... Post Code.....

Print Name

I.....consent to the nomination and agree to abide by the SRACA (Qld) Inc. Constitution and Bylaws.

I declare the above statements are true and correct. Signature..... Date.....

PAYMENT DETAILS

Please Pay on our WEB SITE www.sracaqld.org.au go to " BECOME A MEMBER " or

Cheque or Money Order made payable to:- Sterilizing Research & Advisory Council of Australia (Qld) Inc.

Return payment and MEMBERSHIP FORM to:- The Treasurer, P.O. Box 8421, WOOLLOONGABBA. Qld. 4102

OFFICE USE ONLY

Receipt No..... Receipt Date.....

Cheque No..... Money Order.....

Full Member:

Meaning persons, excluding associate members, who accept the intent of the Constitution and the by-laws of the Council and are employed within the fields of sterilization and disinfection by any hospital, nursing home, medical, dental, or veterinary practice, university, government or semi-government organization, who are admitted by the Council and who have paid the Annual Subscription. These persons have full voting rights and shall be eligible to hold office.

Associate Member:

Meaning any proprietors, members or employees of a business or advisory body who are engaged in the production or supply of goods and/or services, directly/ or indirectly associated with sterilization, disinfection, or infection control who are admitted by the Council and who have paid the Annual Subscription. These persons shall have no voting rights and shall not be eligible to hold office.

Membership Fees

Annual Subscription will be due on 1st July of each calendar year.

The Financial Year shall be from 1st July to 30th June, with the Annual General Meeting occurring within three (3) months of 30th June.

New or lapsed Subscriptions paid before 1st May, will be due for renewal on 1st July of same year.

Insurance

SRACA Qld Inc. holds current Public Liability Insurance and Personal Accident Insurance to cover authorised SRACA Qld Inc. voluntary activities, in compliance with the Associations Incorporation Act 1981 [Act].

Privacy Disclaimer

SRACA Qld Inc. is collecting the information on this form to identify the membership, provide means for contacting the membership and to identify educational qualifications currently held by the membership collectively.

Only authorized persons, i.e. members of the SRACA Qld Inc. Management Committee will have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorized or required by law.