

SISA ASSOCIATE MEMBERSHIP

APPLICATION FORM

WWW.SISA.NET.AU | (08) 8232 0100



COMPANY DETAILS

Company Name

Other Legal Entities

Company Address

Mailing Address:

Brief description of the core services your company provides:

No. of employees in SA:

CHIEF EXECUTIVE OR EQUIVALENT IN SA

Contact Name:

Email:

Telephone
Number:

Mobile
number:

WORK HEALTH & SAFETY CONTACT PERSON

Contact Name:

Email:

Telephone
number:

Mobile
number:

INJURY MANAGEMENT/RTW CONTACT PERSON

Contact Name:

Email:

Telephone
number:

Mobile
number:

ACCOUNTS PAYABLE

Contact Name: Email:
Telephone Number: Mobile number:

MERCHANT PAYMENT INFORMATION

Account Name:
BSB:
Account Number:

CONSTITUTION DECLARATION

We hereby confirm that we have read and agree to be bound by the enclosed Constitution.

Signature: _____

Date: _____

EXECUTIVE COMMITTEE APPROVAL

Name:
Company:

Signature: _____

Date: _____