



INTERNATIONAL SOCIETY FOR PERFORMANCE IMPROVEMENT MEMBERSHIP

TAX INVOICE - 2009/10

Sydney Chapter

Please complete all the details below in BLOCK LETTERS so that we can ensure we have up-to-date c

Name: _____ Title (Dr, Mr, Ms etc): _____

Company: _____

Position: _____

Work Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Mobile: _____ E-mail Address: _____

Do you want your work and/or your home contact details to be listed in the membership directory? Are you happy for information (e.g. event flyers, Performance newsletter) to be sent to you by e-mail rather than regular mail? Yes No

MEMBERSHIP PAYMENT

ABN 53 175 531 577

Please refer Categories of ISPI membership information (below) on membership payment rates.

Type of membership (see over for details)

- | | | | |
|----------------------------------------------------|-----------------------------------------------|------------------------------------------------|--------------------------|
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New Membership | <input type="checkbox"/> Concession Membership | <input type="checkbox"/> |
| <input type="checkbox"/> Correspondence Membership | <input type="checkbox"/> Corporate Membership | <input type="checkbox"/> Patron Membership | <input type="checkbox"/> |
| <input type="checkbox"/> Sponsor Membership | <input type="checkbox"/> | | |

I enclose a cheque for \$ _____ payable to the "ISPI Sydney Chapter" for the 2009/10 membership.

Please bill my credit card: Visa Mastercard

Expiry Date: /

Cardholder Name: _____

Signature _____ Date _____

MEMBERSHIP INFORMATION

Please take a minute to complete the following information.

Check ONE box that best describes the main function of the company for which you work.

Check ONE box that best describes your most significant work responsibility.

Check the THREE topics of most interest to you.

- | | | |
|----------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> academic/educational institution | <input type="checkbox"/> training director/manager | <input type="checkbox"/> performance problem solving |
| <input type="checkbox"/> consulting/contracting firm | <input type="checkbox"/> training developer | <input type="checkbox"/> payment and reward system |
| <input type="checkbox"/> financial services/insurance | <input type="checkbox"/> training delivery | <input type="checkbox"/> organisational development |
| <input type="checkbox"/> industrial/manufacturing co. | <input type="checkbox"/> developer and training (equally) | <input type="checkbox"/> instructional design |
| <input type="checkbox"/> government dept (federal/state/local) | <input type="checkbox"/> researcher | <input type="checkbox"/> performance analysis |
| <input type="checkbox"/> armed forces | <input type="checkbox"/> teacher/academic | <input type="checkbox"/> performance systems |
| <input type="checkbox"/> communications | <input type="checkbox"/> student | <input type="checkbox"/> interactive multimedia learning |
| <input type="checkbox"/> health services | <input type="checkbox"/> consultant | <input type="checkbox"/> learning facilitation |
| <input type="checkbox"/> transport | <input type="checkbox"/> performance technologist | <input type="checkbox"/> learning and performance systems evaluation |
| <input type="checkbox"/> retail sales | <input type="checkbox"/> administrator | <input type="checkbox"/> other (specify): _____ |
| <input type="checkbox"/> professional/non-profit org. | <input type="checkbox"/> training evaluator | |
| <input type="checkbox"/> other (specify): _____ | <input type="checkbox"/> other (specify): _____ | |