

Standard Corporate Membership Application Form

Corporate Details

Company Name	
Company registration number	
Postal address	
Postal code	
Physical address (only one required)	
Telephone number (include area code)	
Fax number (include area code)	
Email address to use for CEASA notices	
Web Address (if any)	

(indicate with 'x')

Company Logo (for email or website linking)	<input type="checkbox"/>	Use the logo from the website above
	<input type="checkbox"/>	I will email a logo to the webmaster

Please provide us with a maximum of three descriptive sentences to be placed under your CEASA website logo	
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Clinical Engineering Employees *(indicate with 'x')*

Does the company directly employ Clinical Engineering practioners?	YES
	NO

How many Clinical Engineering practioners does the company directly employ?	
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Please provide us with the names of the Individual CEASA members whom are employed by the company	
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Does the company use external Clinical Engineering Contractors?	YES <i>(indicate with 'x')</i>
	NO

How many external Clinical Engineers does the company employ?	
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Please provide us with the names of the external Clinical Engineering contractors?	
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Declaration and Administration

Name of the person submitting this application	
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Cellular contact number	
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Signed on behalf of the company that the company agrees to fully abide by the Constitution	
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I agree with and understand CEASA's Privacy Policy	YES <i>(indicate with 'x')</i>
	NO

Dated	
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