

Defence Industry Courses Alumni (DICA)

(Formerly DAICA) ABN: 77 830 125 933



Address all applications to
THE DICA TREASURER

treasurer@dica.com.au

APPLICATION FOR MEMBERSHIP AND INVOICE FOR PAYMENT (GST not applicable)

Membership fee	1 Year	\$50
	3 Year	\$120

PERSONAL DETAILS (please complete all sections)

SURNAME	
FIRST NAME	
RANK / TITLES	
POST NOMINALS	
PREFERRED FIRST NAME	
QUALIFICATIONS	
APPOINTMENT	
COMPANY	
BUSINESS ADDRESS	
POST CODE	
BUSINESS TELEPHONE	
PRIVATE ADDRESS	
POST CODE	
PRIVATE TELEPHONE	
FAX	
E MAIL ADDRESS (preferred)	
MOBILE TELEPHONE	
GRADUATED IMC/DISC/DILP IN STATE / YEAR	

This information is used by DICA to maintain proper business records, provide you with the services of the Alumni and to notify you of activities and matters likely to be of interest to you. The information is intended to maximise the opportunities and benefits you can enjoy as a DICA member whilst disclosing as little as possible about you to as few as possible.

Please tick this box if you **DO NOT** wish the above details to be made available to **other members of DICA**.

I hereby apply for Membership of the Defence Industry Courses Alumni, and confirm that I am / am not a graduate of the Industrial Mobilisation Course / Defence Industry Study Course / Defence Industry Leadership Program <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;"><i>Signature</i> <i>Date</i></p>	Graduate Status Confirmed (Office use only) <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;"><i>Signature</i> <i>Date</i></p>
---	---

Defence Industry Courses Alumni (DICA)

(Formerly DAICA) ABN: 77 830 125 933

INVOICE FOR PAYMENT (GST NOT APPLICABLE)

(Receipts issued only on request)

DICA Membership Subscription

ANNUAL MEMBERSHIP 2020/21 \$50
3-Year MEMBERSHIP (until end 2022/23 \$120

Name:

Course Title: State: Year:

On(insert date) I transferred \$. to the Westpac Banking Corporation
Defence Industry Courses Alumni
BSB Number: 033 297
Account Number: 107896

The Payee Reference applying to this payment is
(Your Surname - Membership)

OR

I enclose my cheque for \$. (Cheques to be made payable to DICA Ltd).
If paying by Company cheque, please include your name on the back

OR

Please charge my credit card Mastercard Visa
(Please indicate type of card)

Card No. _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry Date/.....
(Please print clearly)

Name on the Card: Amount \$.

Signature: Date: