

APPLICATION FORM

I wish to apply for an ISIC - Full-time student

Attach
Passport
Photo
Here

First Name _____

Last Name _____

School/College/University _____

Mobile _____

Email _____

Date of Birth ____ / ____ / ____ (remember to supply proof)

I am happy to receive info about product news and fab new Discounts available with my card Yes No (Circle one)

I declare the information provided is full and correct.*

Cardholder Signature _____

Date ____ / ____ / ____

As registrar/principal I certify the information contained in this application is correct and the applicant is a full-time student at this campus/school. Please authorize signature with your campus/school stamp.

Registrar/Principal Signature _____

Date ____ / ____ / ____

School Stamp:

*Declaration and Consent. I declare that the information provided is full and correct. I agree that the information I have provided can be stored by STA Travel, and by the International Association of Students, being a full subsidiary of the International Student Identity Card Association, and used for verification purposes when using a higher or lower level of data protection than Australia. Agreements have been concluded with organisations that verify your data to protect your personal information. All cardholders have the right to access and correct information either directly through the IAS or by contacting STA Travel. For details of the IAS Privacy Policy check our Terms and Conditions on www.isiccard.com.au

Branch Use Only
Card#