



**Associate Membership Application 2018 for Occupational Therapy Support Staff**

I wish to apply for Associate Membership of the WA Occupational Therapy Association and I agree to accept and abide by the ethics and constitution

**PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS**

1. Personal Details

Ms       Mrs       Miss       Mr       Other (Specify)

Surname ..... First Name .....

Previous Name ..... Year of Birth .....

Postal Address .....

..... Post Code .....

Phone: Home..... Mobile .....

Email.....

For Office Use Only:  <input type="checkbox"/> Renewal <input type="checkbox"/> New member
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**ASSOCIATE MEMBERSHIP FEES**

Please note that a copy of your qualifications for verification should be included with your application if you have not previously supplied them. **Copy of Qualifications Enclosed**

	*Early Bird	Standard Fee
Associate Membership	\$165	\$190
Student	n/a	\$50


**\*EARLY BIRD PAYMENTS MUST BE PAID IN FULL BY 26th January 2018 (Instalment Plan Not Available)**

**PAYMENT METHOD**

Membership is for the calendar year, January to December, and cannot be cancelled during the year and is non-refundable. As a service for those paying by CREDIT CARD a quarterly payment option is provided. Your signature is an agreement to continue the payments for the whole year. Payments will be deducted on joining, at the end of March, June & September.

- Quarterly installment option – Credit Card only –THERE IS A \$10 ADMIN FEE ATTACHED TO INSTALLMENTS**
- Cheque enclosed – Full Payment**
- Credit Card – Full or Quarterly Payment – following is my authority to debit my Visa / Mastercard:**

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Signature ..... Expiry Date .....

Card Holder Name .....

Please return to the WA Occupational Therapy Association Inc, 4A/266 Hay Street, Subiaco WA 6008  
 Fax: (08) 9388 1492. Email: info@waota.com.au

# Associate Membership Details

## 1. Work Details (If you have more than one workplace please submit details separately).

Organisation: .....  
Department: ..... Title: .....  
Address: .....  
Suburb: ..... Postcode: .....  
Phone: ..... Fax: ..... Mobile: .....  
Email: ..... Website: .....

## 2. Work Sector

Public Sector:  Public Hospital  Govt. Department  Other  
Private Sector:  Private Practice  Private Hospital  Consultancy/Locum  
Community Sector:  Physical Dev/Disabled  Aged Care Facility  Other   
Other Sector (Please specify): .....  
How many organizations are you employed by: ..... Average total hours worked per week: .....

## 3. Education Details/Eligibility Status

- 3.1 Certificate III Allied Health, IV Allied Health or other related training pertinent to working as an Occupational Therapy Support Worker:  
Qualification: .....  
Institution: ..... Year: .....
- 3.2 Written confirmation of proof supplied by a register Occupational Therapist in the workplace (must be provided **annually**)  
WA OT Assoc. - Associate Name: ..... Signature: .....  
**Registered Occupational Therapist** Name: ..... Signature: .....  
Workplace: ..... National Registration Board No: .....  
Contact Details: .....
- 3.3 International Occupational Therapy graduate not eligible for Australian registration working as an Occupational Therapy Assistant:  
Qualification: .....  
Institution: ..... Year: .....

## 4. Declaration:

In applying for associate membership of the WA Occupational Therapy Association Inc. I am declaring that:

- a) I have completed training in an Occupational Therapy Support Staff position or hold a TAFE Cert III or higher generic AHA qualification
- b) I have provided written evidence of proof supplied by a registered Occupational Therapist in the workplace
- c) I agreed to abide by WA Occupational Therapy Association Constitution and Code of Conduct
- d) I am of good standing and character
- e) I understand that Associate members of WA Occupational Therapy Association do not have any voting rights in the Association
- f) I have not had a criminal conviction recorded against me and have a current national police clearance certificate

Signed: ..... Date: .....