



Associate Membership Application 2024 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:

☐ Renewal ☐ New
member

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 before 20/01/24	Standard Fee after 20/01/24
Associate Membership	\$168	\$194
Student	n/a	\$51

***Instalment Plan not available for Early Bird Payments**

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**
☐ **Credit Card** – Full or Quarterly Payment – following is my authority to debit my **Visa / Mastercard:**

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Signature Expiry DateCCV

Card Holder Name

Please return to the WA Occupational Therapy Association Inc, 4A/266 Hay Street, Subiaco WA 6008
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: 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: