



# Associate Membership Application 2025 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.....

<u>For Office Use Only:</u>
<input type="checkbox"/> Renewal <input type="checkbox"/> 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 20/01/25	Standard Fee after 20/01/25
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

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

□□□□/□□□□/□□□□/□□□□

**Signature** ..... **Expiry Date** ..... **CCV** .....

**Card Holder Name** .....

Please return to the WA Occupational Therapy Association Inc, 4A/266 Hay Street, Subiaco WA 6008  
Email: [info@waota.com.au](mailto: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: .....