



# MEMBERSHIP DIRECTORY INFORMATION 2009 / 10

Only complete this form if there are changes to your contact and/or workplace details.  
 Please return completed form to **PO Box 193 Surrey Hills VIC 3127** T: 03 9895 4463 F: 03 9898 0249 E: [oa@orthoptics.org.au](mailto:oa@orthoptics.org.au)

## Member

<b>Given Name</b>		<b>Surname</b>	
<b>Membership Category</b>	<input type="checkbox"/> Ordinary <input type="checkbox"/> Part-Time <input type="checkbox"/> Associate <input type="checkbox"/> Fellow <input type="checkbox"/> New Graduate <input type="checkbox"/> Student		

## Update Your Mailing Address (only for office use)

<b>Mailing Address*</b>			
<b>Suburb</b>	<b>Postcode</b>	<b>Country</b>	

\*your mailing address will only be used for correspondence and will not be published in the directory

## Membership Details for Publication in OAA Member Directory

<b>Mobile</b>		<b>Email</b>	
<b>Sub-Specialty Interest/s</b>			

## Workplace Details for Publication in OAA Member Directory

Please complete one section for each place of employment using the below coding.

**Session Code**

- 1 = am Monday      7 = am Thursday
- 2 = pm Monday     8 = pm Thursday
- 3 = am Tuesday     9 = am Friday
- 4 = pm Tuesday     10 = pm Friday
- 5 = am Wednesday   11 = am Saturday
- 6 = pm Wednesday   12 = pm Saturday

**Clinic Type Code**

- H = Hospital
- P = Private Practice
- S = Self Employed
- E = Educational Institution
- R = Research
- CS = Community Screening
- T = Clinical Placements Teaching
- LV = Low Vision Agency
- M = Management
- CS = Casual Locum
- O = Other

**WORKPLACE 1**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>	<b>Postcode</b>	<b>Country</b>	

**WORKPLACE 2**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	

**WORKPLACE 3**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	

**WORKPLACE 4**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	

**WORKPLACE 5**

<b>Session</b>		<b>Clinic Type</b>	
<b>Employer's Name</b> (Practice/Clinic/Institution)			
<b>Address</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Phone</b>	(0 )	<b>Fax</b>	