



STUDENT AND NEW GRADUATE MEMBERSHIP APPLICATION FORM 2009 / 10

Please return completed form to **PO Box 193 Surrey Hills VIC 3127** T: 03 9895 4463 F: 03 9898 0249 E: aaa@orthoptics.org.au

Personal Details

Title	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	MOAA		
Given Name				Surname			
Maiden Name				DOB	/	/	
Home Address							
Suburb			Postcode			Country	
Home Phone	(0)			Work Phone	(0)		
Mobile				Email*			

* Please note that the OAA communicates extensively via email and that a current email address will ensure you are kept up to date with all announcements

Course Details

Institution enrolled: _____

Qualifications / Degree enrolled: _____

Current year of study (e.g 2nd): _____ **Year of completion/Proposed year of completion:** _____

Membership Category

- Student** - I hereby state that I am an undergraduate student enrolled in an orthoptic degree, recognised by the Association.
- New Graduate** - I hereby state that I am a graduate of an orthoptic degree, recognised by the Association, who qualified within the last two years.

Membership Declaration

In applying for membership I declare that the information I have provided is a true and accurate record. I agree for the Association to confirm my enrolment with the relevant institution and agree to be bound by the rules of the Association for the time being in force.

Signed: _____ **Date:** ____ / ____ / ____

Membership Details for Publication in OAA Directory

Given Name		Surname	
Mobile		Email	
Membership Category	<input type="checkbox"/> New Graduate <input type="checkbox"/> Student		

Workplace Details for Publication in OAA Directory (only for New Graduates to complete where applicable)

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

WORKPLACE 1

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

WORKPLACE 2

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

WORKPLACE 3

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

WORKPLACE 4

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

WORKPLACE 5

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