

OAA MEMBERSHIP APPLICATION FORM - 2008 / 09

Please complete application form and mail to **OAA Membership, PO Box 193, Surrey Hills, VIC 3127, Australia.**
Once your application has been processed, you will receive an invoice for payment in the mail.

Personal Details

Title	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> A/Prof	MOAA
Given Name				Surname			
Maiden Name				DOB	/	/	

Home Address			
Suburb	Postcode	Country	

Home Phone		Work Phone	
Mobile		Email	

NB: Home phone numbers and mobile phone numbers are published in the Private Member Directory unless otherwise stated

Qualification and Registration

Qualification(s): _____ Institution: _____

Year of completion: _____ AOB Reg No: (if registered) _____

- I have enclosed a certified copy of my academic qualifications *or*
 I have enclosed a certified copy of my certificate of registration with the Australian Orthoptic Board

Membership Category

- Ordinary** - I hereby state that I am a graduate of an orthoptic course, recognised by the Association, or hold a certificate of registration with the Australian Orthoptic Board.
- Part Time** - I hereby state that I meet the criteria for ordinary membership, but that I am engaged in part time work with an annual taxable income derived from eye health related employment not greater than the Australian Taxable threshold.
- Associate** - I hereby state that I am not engaged in eye health related employment in Australia or New Zealand.

Membership Level and Fees (in AUS \$)

Federal Fee

- | | | | | | |
|--|----------|---|----------|---|-------|
| <input type="checkbox"/> Gold Ordinary | \$350 | <input type="checkbox"/> Gold Part-Time | \$210 | <input type="checkbox"/> Gold Associate | \$140 |
| <input type="checkbox"/> Silver Ordinary | \$402.50 | <input type="checkbox"/> Silver Part-Time | \$241.50 | <input type="checkbox"/> Silver Associate | \$161 |
| <input type="checkbox"/> Bronze Ordinary | \$455 | <input type="checkbox"/> Bronze Part-Time | \$273 | <input type="checkbox"/> Bronze Associate | \$182 |

NSW or VIC Branch Fees (includes Federal Fee)

- | | | | | | |
|--|----------|---|----------|---|-------|
| <input type="checkbox"/> Gold Ordinary | \$430 | <input type="checkbox"/> Gold Part-Time | \$290 | <input type="checkbox"/> Gold Associate | \$220 |
| <input type="checkbox"/> Silver Ordinary | \$482.50 | <input type="checkbox"/> Silver Part-Time | \$321.50 | <input type="checkbox"/> Silver Associate | \$241 |
| <input type="checkbox"/> Bronze Ordinary | \$535 | <input type="checkbox"/> Bronze Part-Time | \$353 | <input type="checkbox"/> Bronze Associate | \$262 |

Please note that **Gold Membership** can only be obtained if your membership subscription is paid by the 1 July 08, and definitely not later than the 'amnesty' period which expires on 30 September 08. Payment after this will result in a fee increase to join as a Bronze member.

Membership Declaration

In applying for membership I declare that both the information and the supporting documentation I have provided are a true and accurate record and that I agree to be bound by the rules of the Association for the time being in force.

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