



**Australian Orthotic Prosthetic Association Inc.**  
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Reg No A0020154E  
ABN 30-174-229-615

## APPLICATION for MEMBERSHIP

Title: ..... First Name: ..... Middle Name:.....

Surname: .....

Date of Birth: ..... Previous Surname:.....

Address: .....

Suburb/Town ..... State: ..... Postcode: .....

Telephone: (B/H): ..... Fax: .....

(A/H): ..... Mobile: .....

Email: .....

Employer:.....

Employer Address:.....

Full Time / Part Time (if part time specify number of hours) ..... (Please circle)

### AOPA Accredited Academic Qualifications:

University:..... (Studying at / Conferred by)

Qualification/s: .....(Please enclose certified copy)

Date of Graduation: ..... (Student Members - Current Year of Study)

I wish to apply to the **Australian Orthotic Prosthetic Association** for registration as a  
(Please indicate which is appropriate):

Full Member

Student Member

I agree to be bound by the Rules and Purposes of the Association and consent to my qualifications being confirmed by AOPA with the Australian tertiary institution.

Signature: ..... Date: .....

I have enclosed the Application Fee (\$110 non refundable) / EFT Ref No: \_\_\_\_\_

**NOTE: Application Fee does not apply to Student Memberships. For student membership please submit \$110 subscription fee with application form.**

EFT Details: BSB: **063 146** Account No: **1030 4388**

Revised: November 2009

Acc Name: The Australian Orthotic Prosthetic Association Inc

In the details state your surname & the word "App Fee" eg "Smith App Fee"