

Membership Application 2012 for Occupational Therapy Students

Tel. Home Fax Mobile

For Office Use Only:

- Renewal Lapsed (year _____)
 New member

I certify that all information furnished in this document is true and accurate in every respect. I certify that I have not been refused membership of any Occupational Therapy Association, nor registration, in Australia or overseas. I agree to abide by the OT AUSTRALIA WA Memorandum & Articles of Association and OT AUSTRALIA Code of Ethics.