



The Association of Operating Theatre Practitioners Inc.

Formerly the Western Australian Society of Anaesthesia Technicians Inc.

AOTP Inc.
P O Box 606
Subiaco
WA 6904

Visit our website: www.aotp.org.au

INVITES YOU TO RENEW YOUR MEMBERSHIP OR JOIN US FOR THE FINANCIAL
YEAR 1 July 2016 to 30 June 2017

Please fill in the following information to assist in maintaining the AOTP Inc. database. All data is confidential and only released with your written consent.

Full Name:

Home Address:

Post Code:

Postal Address:

Post Code:

Email Address:

Contact Details - Home Phone:

Mobile:

Date of Birth:

Membership No:

Hospital / Company Employed at:

Occupational Title:

Hospital / Company Address:

Post Code:

Public / Private:

Work Phone No:

Anaesthetic Qualification Held:

PLEASE NOTE: For all new registrations to please attach copy of qualifications.

State or Country Passed:

Date Qualification Obtained:

Other Qualifications:

Membership Status Applying for:

		Tick Box
Ordinary <i>Payment may be claimed for Taxation Purposes</i>	\$70.00	<input type="checkbox"/>
Associate <i>Payment may be claimed for Taxation Purposes</i>	\$70.00	<input type="checkbox"/>
Student Anaesthetic Technician	\$20.00	<input type="checkbox"/>
Corporate <i>Payment may be claimed for Taxation Purposes</i>	\$100.00	<input type="checkbox"/>
New Members Please Add \$5.00 New Membership Administration Fee (Students are exempt) New registrations will not be processed without attached qualification documentation.	\$5.00	<input type="checkbox"/>
Existing Members renewing after 1 st of September please add \$5.00 Admin Fee <i>Payment may be claimed for Taxation Purposes</i>	\$5.00	<input type="checkbox"/>
Please do not send cash in the Post.	Enter Total Remittance in AUD\$	

Please Sign Here:

Date:

PAYMENT OPTIONS

CREDIT CARDS: For credit card payments, please use the credit card authorisation form on the following page.

CHEQUES: Please make cheques payable to AOTP Inc., PO Box 606 Subiaco WA 6904

DIRECT FUNDS TRANSFER: You can send an electronics funds transfer payment to the AOTP using our bank details here:

AOTP General Fund, Bank of Queensland
BSB 126 565
Account 1044062

ONE-TIME USE CREDIT CARD AUTHORISATION FORM

PLEASE NOTE: The AOTP accepts Visa standard, Visa electronic, MasterCard standard and MasterCard electronic credit cards.

Unfortunately, we cannot accept Visa and MasterCard Premium, International, or corporate credit cards.

Amount to be charged: \$

Credit Card: MASTERCARD / VISA (Please circle one)

Credit Card Number:

Expiration Date:

CCV (Last 3 Digit on Back of Card):

Cardholders Name:

Signature:

Date:

MAIL TO:

AOTP Inc.
P O Box 606
Subiaco
WA 6904

OR EMAIL:

Secretary: aotpsecretary@gmail.com

For office use only

Cash:

Cheque:

MasterCard:

Visa:

Receipt No: