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AOTP
P.O. Box 606
Subiaco
WA 6904

The **Association of Operating Theatre Practitioners Inc.**
Formerly the Western Australian Society of Anaesthesia Technicians Inc

INVITES YOU TO RENEW YOUR MEMBERSHIP OR JOIN US FOR THE FINANCIAL YEAR

1ST JULY 2010 to 30TH JUNE 2011

PLEASE FILL IN THE FOLLOWING INFORMATION TO ASSIST IN MAINTAINING THE AOTP DATABASE. ALL DATA IS CONFIDENTIAL.

Mr/Mrs/Miss/Ms Full Name: _____
(Surname) (First Name) (Middle Name)

Contact Address _____

Email Address _____

Contact Details: Home Phone () _____ Mobile _____

Date of Birth _____ Membership Number (if known) _____

Hospital Employed at _____ Occupation Title _____

Hospital Address _____

Public or Private _____ Work Phone No: _____

Anaesthetic Qualification Held _____

State or Country Passed _____ Date Obtained _____

Other Qualifications _____

Membership Status Applying for:

Ordinary <small>(Payment may be claimed for taxation purposes)</small>	\$50.00		
Associate <small>(Payment may be claimed for taxation purposes)</small>	\$30.00		
Student Anaesthesia Technician	\$00.00		
Corporate <small>(Payment may be claimed for taxation purposes)</small>	\$70.00		
New members add \$5 administration fees (Students exempt) <small>(Payment may be claimed for taxation purposes)</small>			
Existing members renewing after 1 st September add \$5 admin fee <small>(Payment may be claimed for taxation purposes)</small>			
Do not send cash	Total remittance \$		

Please Sign Here _____ Date: _____

Thankyou for supporting the AOTP