

**Provisional Members**

A Provisional Member is a person who has applied for admission as a Member of the Association, paid the entrance and subscription fees appropriate for the class/ category of membership for which they have applied, been notified by the Executive Director in writing that they are a Provisional Member pending a decision on their application, and is awaiting a decision on their application.

A provisional Member is:

1. not entitled to notice of, or to attend and vote at, any meeting of the members of the Association;
2. not entitled to notice of, or to vote in, any election of the members of the Council;
3. otherwise subject to the provisions of the Constitution and the By-Laws, and their submission of an application for membership signifies their agreement in that regard; and
4. liable to have their Provisional Membership cancelled by the Council at any time without notice or reason being given.

The class of ordinary member is divided up into several categories for the purpose of determining membership fees.

**Categories of Ordinary Members**

Full Time Practice	>12 hours/week
Partial Practice	3-12 hours/week (on average)
Minimal Practice	<3 hours/week (on average)
Academic	full time teaching and/or research and not more than 12 hours/week optometric practice
Recent Graduate	for first full membership year following graduation
New Graduate	for remainder of current membership year in which student completed undergraduate course

It should be noted that these membership categories are based on personal income derived from optometric practice or hours worked whichever is the greater.

**DECLARATION BY APPLICANT**

I, \_\_\_\_\_ hereby apply for membership of the Optometrists Association Australia (NSW Division) {OAA}. I agree to be bound by the OAA's Constitution and By-Laws and the Code of Ethics and Professional Conduct, such as they are from time to time. I declare that all the information provided in my application is correct to the best of my knowledge and belief and that I know of no reason why I should not be accepted as a member of the Optometrists Association Australia (NSW Division).

Signed

Dated



**OPTOMETRISTS**  
ASSOCIATION AUSTRALIA  
NEW SOUTH WALES

**MEMBERSHIP APPLICATION**

**2009/2010**

OPTOMETRISTS ASSOCIATION AUSTRALIA  
(NEW SOUTH WALES DIVISION)  
ACN 000 006 093  
ABN 78 000 006 093

PO BOX 33 (130 GREAT NORTH ROAD)  
FIVE DOCK NEW SOUTH WALES 2046

TELEPHONE: (02) 9712 2199 FACSIMILE: (02) 9713 2452

**PERSONAL DETAILS (Please Print)**

FAMILY NAME:

FIRST/GIVEN NAME:

OTHER NAMES:

PREFERRED FIRST NAME:

TITLE:

GENDER:

DATE OF BIRTH:

**HOME ADDRESS DETAILS:**

STREET No and NAME:

SUBURB / TOWN:

POSTCODE:

PHONE NUMBER:

FAX NUMBER:

MOBILE PHONE NUMBER:

EMAIL ADDRESS:

WEB ADDRESS:

**PREFERRED MAIL**

Home:  Practice 1  2  3

Other as shown below

**MAIL / PO ADDRESS DETAILS:**

STREET No and NAME (PO Box)

SUBURB / TOWN:

POSTCODE:

**CODE of ETHICS**

As a member of the Optometrists Association Australia (NSW Division), I agree to:

- Place the visual welfare of my patients above all other considerations.
- Provide professional care with concern, compassion and due regard for human rights and dignity.
- Place the treatment of my patients above personal gain and ensure that none shall lack proper care.
- Advise my patients fully and honestly of their visual care.
- Ensure that patient records are confidential.
- Refer to other practitioners where it is necessary, or beneficial, to my patients.
- Enhance and broaden my knowledge and skills in vision care.
- Present and conduct my practice in a professional manner.
- Promote better vision care for the community.
- Strive to be an exemplary citizen.

**INFORMATION FOR APPLICANTS**

**Membership and Fees** - There are five classes of membership, being Ordinary Members, Honorary Life Members, Honorary Affiliate Members, Student Affiliate Members and Provisional Members.

An optometrist wishing to join the NSW Division must make application for admission as an ordinary member. Until the application is approved the applicant is deemed a provisional member.

All applications for membership are to be accompanied by the relevant membership fee. The Council may waive portion of such membership charges where the member is admitted as a member of the Association after the commencement of a financial year. It is a member's responsibility to notify the NSW Division Office of any changes of address, changes in class/category of membership or on resignation from the Association.

**Ordinary Members**

To be eligible for admission as an Ordinary Member, a person must:

1. be an optometrist currently or formerly registered under the Act; or
2. reside in Australia but outside New South Wales and be a member of another Australian body that in the opinion of the Council is similar to the Association; and apply for admission as an Ordinary Member by completing, signing and lodging with the Secretary an application for membership in such form as the Council from time to time requires. An Ordinary Member is entitled to notice of, and to attend and vote at, general meetings of the Association, and to stand for election to the Council.

writing that they are a Provisional Member pending a decision on their application, and is awaiting a decision on their application.

**PAYMENT DETAILS**

A tax invoice/receipt will be issued

By Cheque \$  (made payable to OAA NSW)

By Credit Card \$   Visa  Amex  MasterCard

Card Holder's Name:

Card Number:

Expiry Date:

Signature:

**OFFICE USE ONLY**

	<b>ACTION</b>	<b>INITIALS</b>
Date Application Received:	<input type="text"/>	<input type="text"/>
Registration Confirmed:	<input type="text"/>	<input type="text"/>
Affirmation Signed:	<input type="text"/>	<input type="text"/>
Date Acknowledgement Sent:	<input type="text"/>	<input type="text"/>
Membership Number:	<input type="text"/>	<input type="text"/>
Membership Class:	<input type="text"/>	<input type="text"/>
Date Entered in Database:	<input type="text"/>	<input type="text"/>
Amount Received:	<input type="text"/>	<input type="text"/>
Receipt Number:	<input type="text"/>	<input type="text"/>
Date of Council Approval:	<input type="text"/>	<input type="text"/>
Date Member Advised:	<input type="text"/>	<input type="text"/>
Date National Office Advised:	<input type="text"/>	<input type="text"/>

**PRIMARY PRACTICE ADDRESS DETAILS:**

STREET No and NAME:

SUBURB / TOWN:

POSTCODE:

PHONE NUMBER:

FAX NUMBER:

**2nd PRACTICE ADDRESS DETAILS:**

STREET No and NAME:

SUBURB / TOWN:

POSTCODE:

PHONE NUMBER:

FAX NUMBER:

**3rd PRACTICE ADDRESS DETAILS:**

STREET No and NAME:

SUBURB / TOWN:

POSTCODE:

PHONE NUMBER:

FAX NUMBER:

**QUALIFICATIONS & PROFESSIONAL INFORMATION**

First Optometric Qualification

Name of Institution

Year Completed

Additional Optom Qualification

Name of Institution

Year Completed

**Registration as an Optometrist**

NSW/ACT Registration No:

(Please enclose a copy of your registration certificate and a copy of your receipt for registration for the current year.)

**Specialist Title (NSW Optometrists Registration Board)**

Title Granted:

Date Granted:

(Please enclose a copy of confirmation.)

**Areas of Special Interest in Optometry (please tick)**

Behavioural Optometry  Sports Vision

Contact Lenses  Other (please list)

Low Vision

Orthoptics

Paediatric Optometry

**Languages Spoken other than English (please list)**

**PRACTICE**

Please use the following codes to fill out the table below:

- Mode of Practice:** FS Full Scope  
C Consulting only
- Position:** SP Sole Practitioner  
P Partner  
E Employee
- Services** HV Home Visits  
CV Colour Vision for Commercial Vehicles (Medmont C100/Oscar)

Please tick as appropriate:

PRACTICE ADDRESS (as per page 3)	MODE of PRACTICE		POSITION			SERVICES	
	FS	C	SP	P	E	HV	CV
Primary Practice							
2nd Practice							
3rd Practice							

**CATEGORY OF MEMBERSHIP APPLIED FOR**

Please refer to the membership categories defined on the back page of the application form before selecting. Fees pro-rated from 1/10/2006.

Please tick one:	Annual Fee (incl GST)	Fee Applicable
Full Time <input type="checkbox"/>	\$1727.00	<input type="checkbox"/>
Partial <input type="checkbox"/>	\$1023.00	<input type="checkbox"/>
Minimal <input type="checkbox"/>	\$682.00	<input type="checkbox"/>
Academic <input type="checkbox"/>	\$792.00	<input type="checkbox"/>
Recent Graduate <input type="checkbox"/>	\$1203.00	<input type="checkbox"/>
New Graduate <input type="checkbox"/>	NIL	NIL

**Transfer from Interstate:** State:  Member No:

(No fee payable if current financial member of another state at same category level - please provide confirmation of current membership status.)