

Your 2010 Membership Renewal

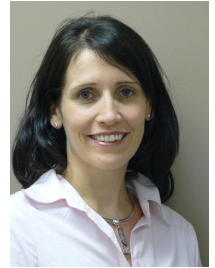


OT AUSTRALIA Qld

Australian Association of Occupational Therapists - Queensland Inc.

An invitation to renew your membership.

OT AUSTRALIA Qld is your partner in professional excellence and there has never been a more important time to renew your membership and remain involved. As the peak professional body representing the collective interests of occupational therapists, in 2010 we will continue to serve our members through advocacy, policy development, recognition of professional achievement and support for research. The Association is committed to strengthening working relationships with key stakeholders to promote and obtain benefits for the profession whilst ensuring that our members' individual needs are being met.



There are many individual benefits to **full** membership and we have highlighted some of these below.

Access to professional research, news and information through:

- Subscription to the highly regarded, peer-reviewed Australian Occupational Therapy Journal
- The OT AUSTRALIA Qld newsletter emailed or posted directly to you every month
- Subscription to the bi-monthly Connections magazine
- Member alert emails on specific issues
- Up to date news and information on the member-only section of the OT AUSTRALIA Qld website
- Regional and special interest groups
- Access to the RHSET Community of Practice Online Forum

Tailored Professional Development including:

- A continually evolving Professional Development calendar developed by OTs for OTs
- Significant discounts for our Professional Development seminars, workshops and conferences

Preferential access to employment services via:

- Member-only listing on our locum register
- 50% discount when placing a vacancy advertisement
- Member-only referral to employers looking for occupational therapists

Peer support and recognition via:

- Access to special interest and regional groups
- Access to achievement and research awards
- Networking events

Practice development and support through:

- Discounted Malpractice, Public and Products Liability insurance available through AON insurance
- Focused Psychological Services rebate registration
- Enhanced Primary Care rebate registration
- AccOT program benefits
- Marketing tools and client referral listings

I invite you to renew your membership and look forward to welcoming you to our events and meetings in 2010.

Regards

Suzanne Jesser
President
OT AUSTRALIA Qld

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ABN: 37 355 993 657

Membership Renewal Process

Renewing your membership of OT AUSTRALIA Qld is easy.

1. Fill in the enclosed renewal form (Pages 2 & 3).
2. Review and update any changes to personal, work and private practice details (Page 4).
3. Mark your preference for receiving either printed or electronic newsletters (Page 3).
4. Post or fax your form by 29 January 2010 to take advantage of the early bird rate.

IMPORTANT NOTE: *All un-renewed memberships will lapse on 31 March 2010.*

Membership Fee Structure—2010

Full Membership includes Queensland and National	Early Bird Rate Paid Before: 29 January 2010	Rate if Paid After: 29 January 2010	Instalments (3) * 1st Instalment must be paid by 29 January 2010
Full Time Working (20 + hours per week)	\$427	\$453	\$145.83
New Graduate (must be student member in 2009)	\$315	\$340	\$108.50
Part Time Working (up to 19 hours per week)	\$345	\$370	\$118.50
Not Working (e.g. maternity leave, retired) or Overseas	\$213	\$238	\$74.50
Student (OT Undergraduate or Masters)	\$108	\$108	Not available
State Only Membership <i>(see cover for benefits)</i>			
Working (including part time hours and new graduates)	\$291	\$335	\$100.50
Not Working (e.g. maternity leave, retired or overseas)	\$121	\$148	\$43.83
Student (OT Undergraduate or Masters)	\$60	\$60	Not available
Private Practice Find an OT Website Directory www.otqld.org.au	\$27	\$27	\$27 <i>(processed with 1st instalment)</i>
All fees include GST.			

*Credit Card Instalments - Payment Conditions:

- 1st instalment must be paid by 29th January 2010 to qualify.
- Each instalment fee includes a \$3.50 processing fee.
- Members are committed to paying the full membership fee for the year.
- The 1st instalment will be deducted on receipt of the renewal form, the 2nd deducted on 19th March (appx), the 3rd deducted on 18th June (appx).

Remember to notify the office of any changes in details to your credit card prior to these dates.

Receipts for 2nd and 3rd instalments will be posted together in July.

Complete the Credit Card Authorisation and Payment Options on Page 3.

Private Practice Find an OT Website Directory

The Private Practice *Find an OT Website Directory* - www.otqld.org.au - is an opportunity for members of OT AUSTRALIA Qld to market their businesses. The website directory is a tool to promote professional membership status and areas of expertise and is valued by the general public and referral personnel from the Divisions of General Practice, allied health services, child care centres, Education Queensland, and the Department of Housing and Community Centres. For the opportunity to feature your business in the *Find an OT Website Directory* please complete the Private Practice Directory Information section on this form (page 3) and include the fee (\$27.00) with your remittance.



Membership Renewal 2010

Name: _____ Preferred Email Address: _____

Newsletter Option (please select): Electronic HardCopy (Issued Monthly)

Membership Fees for 2010 - select appropriate category

Full Member (inc Queensland & National):	Membership Amount in Full	
<input type="checkbox"/> Full Time	• see page 2 for Fee Structure	\$ _____
<input type="checkbox"/> New Graduate	Instalment Amounts (x3)	\$ _____
<input type="checkbox"/> Part Time	• see page 2 for details	
<input type="checkbox"/> Not Working	• each instalment includes a \$3.50 processing fee	
<input type="checkbox"/> Student	Private Practice Directory (optional)	\$ 27.00 <input type="checkbox"/> (tick)
	• Complete details on page 3	
State Only Member (Queensland Only)	Donations (optional)	
<input type="checkbox"/> Working	Mary Rankine Wilson Memorial Award	\$ _____
<input type="checkbox"/> Not Working	OT AUSTRALIA Qld Clinical Research Bursary	\$ _____
<input type="checkbox"/> Student	Louise Van Willigen Memorial Scholarship	\$ _____
	OT AUSTRALIA National Research Trust Fund	\$ _____
	TOTAL AMOUNT	\$ _____

Payment Options

- Payment Method 1 – **Full Amount**– cheque or money order (*Payable to AAOT-Qld*) enclosed OR credit card \$ _____
- Payment Method 2 – **Credit Card Instalments** – 3 instalments (amount of each instalment) \$ _____

I acknowledge that I have read and understood the instalment payment conditions on page 2 (tick)

Credit Card Authorisation

I authorise OT AUSTRALIA Qld to charge my credit card with the above amount (charges on your statement will appear as AAOT-Qld)

Card No. (Visa or MasterCard only): _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Signature _____ Card Holder's Name: _____

Private Practice Find an OT Website Directory Information

Regions Serviced (please tick)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> North Brisbane | <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Central Qld | <input type="checkbox"/> Mackay |
| <input type="checkbox"/> South Brisbane | <input type="checkbox"/> Sunshine Coast | <input type="checkbox"/> Central West Qld | <input type="checkbox"/> Townsville |
| <input type="checkbox"/> East/Bayside | <input type="checkbox"/> Toowoomba | <input type="checkbox"/> Far North Qld | <input type="checkbox"/> Wide Bay |
| <input type="checkbox"/> West Brisbane | <input type="checkbox"/> Ipswich | <input type="checkbox"/> Cape/Gulf | <input type="checkbox"/> Northern NSW |

Areas of Expertise (please circle those that apply)

- | | | | |
|----------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| AC - Access | DR - Driving | ID - Intellectual Disability | PC - Palliative Care |
| AP - Acute Psychiatry | ED - Education | LD - Learning Disability | RE - Rehabilitation Physical |
| AD - Administration | EQ - Equipment | LY - Lymphoedema | RN - Renal |
| AZ - Alzheimers/Dementia | ER - Ergonomics | ML - Medico Legal | RS - Research |
| AM - Amputees | FC - Functional Capacity | MH - Mental Health | RH - Rheumatology |
| BU - Burns | GM - General Medical | MS - Multiple Sclerosis | SE - Seating |
| CA - Cardiac | GE - Gerontology | NE - Neurology | SL - Splinting |
| CH - Child Psychiatry | HA - Hands | OD - Oedema | ST - Soft Tissue |
| CO - Community Psychiatry | HD - Head Injuries | OH - Occupational Health | SP - Stress Management |
| CS - Counselling | HR - Hearing Impairment | ON - Oncology | VA - Vascular |
| CP - Cerebral Palsy | HI - Human Immuno-defi. Virus | OP - Orthopaedics | VI - Visual Impairment |
| CV - Cerebro Vascular | HS - Home Assessment | PE - Paediatrics | |
| DD - Developmental Delay | HM - Home Modification | PM - Pain Management | |

Approved Provider (please tick if applicable)

- Accredited OT (AccOT) Dept of Veteran Affairs (DVA) Enhanced Primary Care (EPC) Focused Psychological Services.

Office Use Only:	Receipt No.	Member No.	DB	R	L	NL(2)	PP	AD	CoP
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Personal Details (*Preferred Postal Address*)

Membership Number: {MemberNo}

Please specify any changes to your details here:

{sTitle} {sFName} {sLName}
{sOrganisation}
{sDepartment}
{sStreet 1}
{sStreet 2}
{sStreet 3}
{sSuburb} {sState} {sPcode} {sCountry}

Phone: {sPhoneSTD} {sHPhone}
Email: {sHemail}

Primary Workplace

{wOrganisation}
{wDepartment}
{wStreet1}
{wStreet2}
{wStreet3}
{wSuburb} {wState} {wPcode}
{wCountry}

Please specify any changes to your details here:

Phone: {wPhoneSTD} {wPhone}
Fax: {wFaxSTD} {wFax}
Email: {wemail}

Private Practice

To include your private practice on the *Find an OT Directory (www.otqld.org.au)* check / update your details below. On Page 3 tick the **Regions and circle the **Areas of Expertise** and don't forget to include the **\$27 fee** with your remittance.**

{pTitle} {pFname} {pLname}
{pPracticeName}
{pStreet1}
{pStreet2}
{pStreet3}
{pSuburb} {pState} {pPCode}

Please specify any changes to your details here:

Phone: {pPhoneSTD} {pPhone}
Email: {pemail}