



ASSOCIATE / OT MEMBERSHIP APPLICATION AND RENEWAL

ACN 604 348 692

Please provide the following so that your correct details are added to our Membership Register. If registering as an Associate Member (individual) enter your personal details. If registering as an Associate Member (organisation) enter the details of your organisation and complete the Designated Representative section.

Personal or Organisational Details:

Name/Company: _____

Profession/Industry: _____ ABN: _____

Street Address: _____

Postal Address: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

Professional Registration (individual applicants only, if applicable):

Name of Registration Agency: _____

Registration Number: _____ Expiry: _____

Designated Representative (organisational applicants only):

Name: _____

Position: _____ Phone: _____

Mobile: _____ Email: _____

Membership:

1 Year Membership: \$150 inc GST.

Preferred method of payment:

On receipt of a Tax Invoice (an invoice will be issued to you on return of this form).

Direct Funds Transfer (please use "Membership- (company) name" as reference).

A/C Name: Home Modifications Australia BSB: 012487 Account Number: 397734087

Thank you for your assistance. Please return to:

Home Modifications Australia
Po Box 797 Cloverdale WA 6985
enquiries@moda.org.au