

**OMAA MEMBERSHIP RENEWAL APPLICATION FORM**

**Title**  Mrs  Miss  Ms  Mr  Dr  Other Click or tap here to enter text.

**First name** Click or tap here to enter text.

**Last name** Click or tap here to enter text.

**Postal address** Click or tap here to enter text.

**Preferred phone** Click or tap here to enter text.

**Preferred email** Click or tap here to enter text.

**Employer (if applicable)** Click or tap here to enter text.

**Office location** Click or tap here to enter text.

**Employment Position** Click or tap here to enter text.

**Please specify any alternate format requirements** Click or tap here to enter text.

**Membership category** Choose a category.

**Method of payment** Choose a method.

**Payment amount** Choose an amount.

Details on membership categories and paying your membership fee can be found on the OMAA [membership page](https://omaaustralasia.com/about-us/membership/).

I give permission for my contact details to be included on the OMAA Directory (which is only accessed by OMAA Council members).

I, the above named, hereby confirm the details contained in this OMAA Membership Application to be true and correct. I duly agree to be bound by the [OMAA Code of Ethics](https://omaaustralasia.com/wp-content/uploads/2015/11/OMAA-Code-of-Ethics-.doc) and [OMAA Constitution](https://omaaustralasia.com/wp-content/uploads/2015/11/OMAA-Constitution-FINAL.doc). In support of this application, I forward payment in full of the relevant fee.

**Your signature:** **Date:** Click or tap to enter date.

**Please email your completed form to** [**omaatreasurer@gmail.com**](mailto:omaatreasurer@gmail.com)