

## Thank you for your interest in joining the NZOPA!

Applicant Contact Information			
Name:			
Email:			
Address:		Phone:	

Applicant Qualification Information <i>(attach additional page if required)</i>			
Name of Institution	Year	Country	Qualification

Applicant Employment Questions		Yes	No
Are you currently employed in New Zealand?			
<i>If no, do you have a written offer of employment in New Zealand</i>			
<i>If Yes, Please provide proof.</i>			
Are you currently employed in the Orthotics and Prosthetics Industry?			
<i>If no, do you have a written offer of employment in the O&amp;P Industry</i>			
<i>If Yes, Please provide proof.</i>			

Referees			
	Name	Employer	Phone/Email
1.			
2.			
3.			

Demographics <i>(these questions are voluntary and information will be used for statistical purposes only.)</i>					
Ethnicity/National Origin					
Gender					
Age:	20-30	31-40	41-50	51-60	61+

Membership type requested	Full	Associate

Please complete the Membership Application Form and submit via email with your Qualification Certificates, and CV to [NZOPA Secretary](#). Before your application can be reviewed, the \$250 application fee must be paid via bank transfer. Please see our [Bank Details](#) for more information. If you require an invoice, please email [NZOPA Treasurer](#).

Please note: We are unable to process credit card payments. The application fee is in New Zealand Dollars and all bank fees associated with the transfer or currency exchange are the applicant's responsibility. Your application will not be reviewed until the application fee and all associated bank charges are paid.