


Membership

Your Contact Details

Email address *

Re-enter Email address *


Title

(none) 

First name *

Last name *

Date of birth *



Mobile number *

Your Address Details

Address 1 *


Address 2

City/suburb *

Zip/postal code *

Membership Selection

Membership Type *

(none) 

- Note come the 1st of September the membership prices become Pro-rated for those new members for those that are renewing membership cost is the full subscription price, unless agreed by council for a discounted price.
- Hours are the contracted hours working as an Occupational Therapist.

Your Password

Create a Password *

Re-enter Password *

Additional Questions

Annual Practice Certificate Number (APC)*

Please enter 000000 (six zeros) if you do not have an APC number

Region*

Choose...

▼

Tangata Whenua or Tangata Tiriti*

Choose...

▼

Mandatory field(s) marked with *

Payment not required

Spam Protection



Type the code from the image

[refresh](#) [Get Audio Code](#)

(* = mandatory field)