



## Application for Full Membership

### Instructions

Please read the application closely and ensure all sections are completed and signed as required. Check the list of documents required below and ensure these are all attached (or the documents will just be returned to you to complete). This application once signed off by the State Branch Secretary (for Australian applications) will be forwarded to the ASO Secretariat, or in the case of Overseas Applications, should be mailed directly there. Please note that by signing the application form, you are agreeing to:

- (1) The information and documents contained therein to be reviewed by the State Branch and Federal Branch Councils, the staff at the ASO Secretariat, and the Membership Advisory Committee.
- (2) The application to be circulated to all Full or Semi-retired members of the Society by mail or Email.
- (3) Objections being called for from Full Members of the Society.

If these conditions are not agreed to, then the application cannot proceed.

The State Branch Secretary or Federal Councilor can provide assistance and advice in relation to membership applications.

Once the application has been lodged and the appropriate fee has been paid, the applicant will, apart from voting rights, receive the benefits of Full Membership without prejudice to the outcome of the application

### Australian Course Graduates must provide:

- a) Certified copy of Masters Degree obtained in an Australian University by virtue of which the applicant seeks full membership.
- b) A letter from their State Dental Board indicating the applicant is a registered Orthodontist or is a person permitted to use the title Orthodontist.
- c) Proof of permanent residency in Australia.
- d) Proof of membership of an approved professional association of dentists (currently, the Australian Dental Association).
- e) Appropriate fee attached (details available from the ASO Secretariat) by cheque, Mastercard or Visa.

### Foreign Course Graduates must provide:

- a) An officially certified course outline from the educational institution at which the postgraduate program was undertaken. The outline should include the titles of subjects, general course structure, hours devoted to course components and assessment procedures with the names of examiners.
- b) An officially certified log of the number, range and types of cases treated by the applicant during the training program.
- c) Certified copy of the degree or diploma by virtue of which the applicant seeks full membership.
- d) A Certificate of Good Standing from the foreign registration authority or board with whom the applicant is registered as a Dentist or Orthodontist.
- e) Proof of permanent residency in Australia.
- f) Proof of membership of an approved professional association of dentists (currently, the Australian Dental Association).
- g) Appropriate fee attached (details available from the ASO Secretariat).

### If paying by Credit Card, please complete details below:

Mastercard  Visa      Card Number

Name on card			
Expiry Date		Application Fee	
Signature		Date	

## Application for Full Membership

Please type or print using black pen  
Please attach further details if space insufficient

**Applicant**

Surname		Given Names	
State			

**General dental education**

Degree	Institution	Date Completed

**General dental experience**

Date	Location	Practice type	Position

**Orthodontic education**

Degree	Institution	Date Completed

**Orthodontic Course Director or Supervisor**

Name	
Address	

**Orthodontic course details**

Degree	Institution	Date commenced	Date completed	Hours per week	Total hours

**Orthodontic experience (Full time experience in specialist practice)**

Year	Date commenced	Date completed	% Full time	Location	Position

Has any degree or diploma been withdrawn by a conferring authority?  Yes  No

**Personal details**

Title		Surname	
Given names		Preferred Name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Home address**

Street					
Suburb		State		Postcode	
Telephone			Facsimile		
E-mail					

**Principal Practice Address**

Street					
Suburb		State		Postcode	
Telephone			Facsimile		

**Branch Practice (1) Address**

Street					
Suburb		State		Postcode	
Telephone			Facsimile		

**Branch Practice (2) Address**

Street					
Suburb		State		Postcode	
Telephone			Facsimile		

Please attach further Branch Practice addresses if applicable

**Preferred Mailing Address**

Home  Practice

**Orthodontic practice type**

Solo  Group  Employee  Government  University

**Orthodontic technique(s)**

Begg  Edgewise  Lingual  Light wire  Functional  
 Tip-Edge  Straight wire  Sequential Plastic Aligners

**Applicant**

If admitted to the Society, I undertake to be bound by the Constitution and the By-Laws of the Society

Surname		Given Names	
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Signed		Date	
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**Proposer** (Full Member of ASO)

Surname		Given Names	
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Signed		Date	
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**Second** (Full Member of ASO)

Surname		Given Names	
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Signed		Date	
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**ASO State Branch Secretary**

I have checked that all sections of this Application Form have been completed and that the documentation required (as listed the first page of this Application Form) has been provided.

State	
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Name	
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Signed	
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Date	
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Please attach other information relevant to this application

**Office Use Only****Chairman of Membership Advisory Committee**

Date Received		<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
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Further information required	
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Name		Signed		Date	
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