



Australian Society
of Orthodontists

Australian Society of Orthodontists Inc
PO Box 576
Crows Nest NSW 1585
Australia

Telephone (02) 9431 8666
Facsimile (02) 9431 8677
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Application for Student Membership

Instructions

Applications for Student Membership should be submitted to:

**Federal Secretariat
Australian Society of Orthodontists
PO Box 576
Crows Nest NSW 1585
Australia**

This application must be accompanied by evidence to confirm that the applicant fulfils the requirements listed in Section 5.6 of the *Constitution of Australian Society of Orthodontists Incorporated*, which states:

A person may be a Student Member if the person is enrolled in full time study of an Approved Orthodontic Course.

This application must be accompanied by each of the following:

- a) Proof of membership of an approved professional association of dentists (The Australian Dental Association or the equivalent in the country of residence).
- b) Confirmation from the Director of an Approved Orthodontic Course that the applicant is enrolled in full time study of that Approved Orthodontic Course.

Once the application has been lodged, the applicant will receive the benefits of Student Membership without prejudice to the outcome of the application.

Application for Student Membership

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

Applicant

Surname		Given Names	
State			

Course Director or Supervisor

Name	
Address	

Qualifications

Degree	Institution	Date Completed

Appointments, clinical experience, and courses since graduation as dentist (in chronological order)

Date	Location	Type of work undertaken

Please attach other information relevant to this application

Has any degree or diploma been withdrawn by a conferring authority?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					

Applicant

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

Surname		Given Names	
Signed		Date	

Proposer (Full Member of ASO)

Surname		Given Names	
Signed		Date	

Seconder (Full Member of ASO)

Surname		Given Names	
Signed		Date	

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					
Name		Signed		Date	

Attached

- Proof of membership of an approved professional association of dentists (The Australian Dental Association or the equivalent in the country of residence)
- Confirmation from the Course Director of an Approved Orthodontic Course that the applicant is enrolled in full time study of that Approved Orthodontic Course.

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

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