



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 Research Student Membership

Instructions

Applications for Research 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 Research Student Member if the person is enrolled in full-time study of an approved post-graduate research degree. Research Student Membership is limited to a period of 1 year. After the 1 year period has elapsed, the Member would need to reapply for Research Student Membership.

This application must be accompanied by each of the following:

- a) Proof that the applicant is currently a student of the university in question;
- b) Information about the total duration of the course and the year that the student is presently in.

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

Application for Research 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, experience and courses relevant to orthodontics

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Has any degree or diploma been withdrawn by a conferring authority?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

Applicant

- I authorise the ASO Council to contact my supervisors and any orthodontic staff at my university to verify my application.
- 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	

Secondor (Full Member of ASO)

Surname		Given names	
Signed		Date	

Note: Please obtain your State Branch Secretary's signature below before submitting your application.

ASO State Branch Secretary

I have checked that all sections of this Application Form have been completed and that the documentation

Surname		Given names	
Signed		Date	

required (as listed on the first page of this Application Form) has been provided.

Attached

- Student ID valid for the year of the application
- Official document from the university providing details of total course duration, research subject and applicant's course completion status

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

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