



AUSTRALASIAN ORTHODONTIC BOARD

APPLICATION & CASE NOMINATION
(Form 1)

Application should be made within **three months** of the commencement of treatment of the nominated cases.

Applicant

Last Name		First Name	
Address			
Telephone		Email	
Membership Status		State Branch	
AOB Number		(AOB Number will be allocated for new applicants)	

Nominated Cases (A Privacy Consent Form must accompany each nominated case)

		Case ID	Malocclusion
1	Board Case		
2	Board Case		
3	Back-up Case		
4	Back-up Case		
5	Back-up Case		

Payment

<input type="checkbox"/> Cheque (payable to ASO Inc)	
<input type="checkbox"/> Credit Card (please complete details below)	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number	
Name on card	
Expiry Date	CVV
Processing Fee	\$AUD 250 (Academic members exempt)
Signature	
Date	

Please submit the below by email to admin@aso.org.au or by post to **AOB, PO Box 543, Crows Nest, 1585 Australia:**

- **Form 1**
- **Privacy Consent Forms** (one for each nominated case)
- **Processing fee** (\$AUS 250 (Academic members exempt))

On receipt of the above, you will be sent details on how to proceed with Stage 1 and allocated a confidential AOB number, which should be used for subsequent identification of all records.

Copies of your application and consent forms will be sent to your State Convenor.