



Application for Overseas Membership

Instructions

This application 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 5.3 of the *Constitution of Australian Society of Orthodontists Incorporated*, which states:

A person may be an Overseas Member if that person:

- *is an orthodontist, and is registered as such in the country in which their Principal Practice Location exists and*
- *has successfully completed an Approved Orthodontic Course; and*
- *has provided a certificate of good standing from a legal controlling body for dentists in the country of their Principal Practice Location, also indicating their status as an orthodontist; and*
- *has their Principal Practice Location outside of Australia.*

This application must be accompanied by each of the following:

- a) Proof that the applicant is an orthodontist, and is registered as such in the country in which their Principal Practice Location exists
- b) Confirmation that the applicant has successfully completed an Approved Orthodontic Course.
- c) A certificate of good standing from a legal controlling body for dentists in the country of their Principal Practice Location, also indicating their status as an orthodontist
- d) Proof that the applicant's Principal Practice Location is outside of Australia
- e) Appropriate fee (details available from the ASO Federal Secretariat) payable by cheque or credit card.

Once the application has been lodged and the appropriate fee has been paid, the applicant will receive the benefits of Overseas Membership without prejudice to the outcome of the application.

Payment by Bank Cheque (payable to the Australian Society of Orthodontists Inc) or by credit card.

If paying by Credit Card, please complete details below:

Mastercard Visa Card Number

Name on card			
Expiry Date		Application Fee	
Signature		Date	

Application for Overseas Membership

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

Applicant

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

Contact address

Street			
Suburb		Postcode	
State		Country	
Telephone		Facsimile	
E-mail			

Qualifications

Degree	Institution	Date Completed

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

Date	Location	Type of work undertaken

Has any degree or diploma been withdrawn by a conferring authority?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

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	

Second (Full Member of ASO)

Surname		Given Names	
Signed		Date	

Attached

- Proof that the applicant is an orthodontist, and is registered as such in the country in which their Principal Practice Location exists
- Confirmation that the applicant has successfully completed an Approved Orthodontic Course.
- A certificate of good standing from a legal controlling body for dentists in the country of their Principal Practice Location, also indicating their status as an orthodontist
- Proof that the applicant's Principal Practice Location is outside of Australia
- Appropriate fee (details available from the ASO Federal Secretariat)

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

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