



Australian Society  
of Orthodontists

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

Telephone (02) 9431 8666  
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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Has any degree or diploma been withdrawn by a conferring authority?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	