



Australian Society
of Orthodontists

Application for Full Membership

INSTRUCTIONS

1. Please read the application closely and ensure all sections are completed. A checklist of documents to be provided to attach to your application can be found in the section below. The State Branch Secretary can also provide assistance and advice in relation to membership applications.
2. Please ensure that you have signed the form and that a Proposer and Secunder have also signed the form on page 5.
3. Once the application has been completed you will need to send the application to your local ASO State Branch Secretary. Contact details are as follows.

NSW/ACT	Dr Julia Dando	BTel Email	02 9845 7450 julia@dando.com.au
QLD	Dr Emily Ong	BTel Email	07 3848 5711 asoqld@gmail.com
SA/NT	Dr Cherry Zaw	BTel Email	08 8224 0200 cherry.zaw@gmail.com
VIC/TAS	David Fuller	BTel Email	03 9592 5121 dfuller1@bigpond.net.au
WA	Dr Ash Patel	BTel Email	08 9586 9653 asowasecretary@gmail.com

Please note that by signing the application form, you are agreeing that the information and documents contained in the application will be reviewed by any of the following:

- a. Full or Semi-retired members of the Society,
- b. State Branch and Federal Branch Councils,
- c. Membership Advisory Committee and
- d. ASO Secretariat staff.

If these conditions are not agreed to, then the application cannot proceed.

Once the application has been approved and the appropriate fee has been paid, you will receive the benefits, apart from voting rights, of Full Membership without prejudice to the outcome of the application.

DOCUMENTS TO BE PROVIDED

- Certified copy of your Masters or Clinical Doctorate Degree that qualifies you as an Orthodontist.
- Letter from Australian Health Practitioner Regulation Agency (AHPRA) showing that you are a registered Orthodontist
- Proof of permanent residency in Australia.
- Proof of membership of an approved professional association of dentists (currently the Australian Dental Association).
- Appropriate fee attached (details available from the ASO Secretariat) payable by Mastercard, Visa or cheque

Foreign Graduates Only

The Membership Advisory Committee may also request

- A Certificate of Good Standing from the foreign registration authority or board where you have been registered as a Dentist or Orthodontist.
- An officially certified course outline from the educational institution at which your postgraduate program was undertaken. The outline should include the titles of subjects, general course structure, hours devoted to course components and assessment procedures with the names of your examiners.
- An officially certified log of the number, range and types of cases treated by you during your training program.

If paying by Credit Card, please complete details below:

Mastercard Visa Card Number _____ / _____ / _____ / _____

Name on card			
Expiry Date		Application Fee	
Signature		Date	

Australian Society of Orthodontists
Application for Full Membership

Please type or print information clearly and attach further details if space is insufficient

Applicant

Title	
Given Names	
Surname	
State	

Qualifications

Degree	Institution	Date Completed

Orthodontic Course Director or Supervisor

Name	
Address	

Orthodontic course details

Degree	Institution	Date commenced	Date completed	Hours per week	Total hours

Have you had any degree or diploma withdrawn by a conferring authority? Yes No

General dental experience

Date	Location	Practice type	Position

Orthodontic experience (Full time experience in specialist practice)

Year	Date commenced	Date completed	% Full time	Location	Position

Personal details

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

Contact details

Street			
Suburb			
State		Postcode	
Telephone		Mobile	
E-mail			

Principal practice address

Street					
Suburb		State		Postcode	
Telephone		Facsimile			

Branch practice (1) address

Street					
Suburb		State		Postcode	
Telephone		Facsimile			

Branch practice (2) address

Street					
Suburb		State		Postcode	
Telephone		Facsimile			

Please attach further Branch Practice addresses if applicable

Preferred mailing address

Home Practice

Orthodontic practice type

Solo Group Employee Government University

Orthodontic technique(s)

Begg Edgewise Lingual Light Wire Functional
 Tip-Edge Straight wire Sequential Plastic Aligners

Applicant

I have read and understood and undertake to be bound by the Constitution, By-Laws, Code of Ethics and ASO Policies.

First name		Surname	
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Signed		Date	
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Proposer (Full Member of ASO)

First name		Surname	
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Signed		Date	
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Seconded (Full Member of ASO)

First name		Surname	
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Signed		Date	
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ASO State Branch Secretary

I confirm that

- I have checked that all sections of this Application Form have been completed,
- that the relevant documents required (as listed all pages of this Application Form) have been provided and
- there are no objections from Branch members to this application.

Branch	
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Name	
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Signed	
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Date	
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Office Use Only

Chairman of Membership Advisory Committee

Date Received		Approved		Rejected	
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Further information required					
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Name	Dr Mithran Goonewardene	Signed		Date	
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