



Australian Society  
of Orthodontists

## Application for Overseas Student Membership

### INSTRUCTIONS

1. Please read the application carefully 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.
2. Please ensure that you have signed the form and that a Proposer and Secunder have also signed the form on page 3.
3. **Submit application to**  
Australian Society of Orthodontists Inc  
PO Box 576  
CROWS NEST NSW 1585  
Australia

Telephone +61 2 9431 8666  
Facsimile +61 2 9431 8677  
Email admin@aso.org.au

Once the application has been approved and the appropriate fee has been paid, you will receive the benefits of Overseas student membership without prejudice to the outcome of the application.

### DOCUMENTS TO BE PROVIDED

- Confirmation from the Director of an approved orthodontic course that you are enrolled in full time study in that course.
- Proof of membership of an approved professional association of dentists (the Australian Dental Association or the equivalent in your country of residence).
- Overseas student membership fee of \$AUD 336.17

### PAYMENT

**Payment by credit card or bank cheque (payable to the Australian Society of Orthodontists Inc).**  
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 Student Membership

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

**Applicant**

<b>Title</b>			
<b>Given Names</b>			
<b>Surname</b>			
<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Contact details**

<b>Street</b>			
<b>Suburb</b>			
<b>State</b>		<b>Postcode</b>	
<b>Country</b>			
<b>Telephone</b>		<b>Mobile</b>	
<b>Email</b>			

**Orthodontic Course Director or Supervisor**

<b>Name</b>			
<b>University</b>			
<b>Address</b>			

**Qualifications**

Degree	Institution	Date Completed

Have you had any degree or diploma been withdrawn by a conferring authority?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

**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

**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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**Second** (Full Member of ASO)

First name		Surname	
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Signed		Date	
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