



Australian Society
of Orthodontists

Application for Research Student Membership

INFORMATION

- You may apply to be a research student member if you are enrolled in full-time study in a non-clinical post-graduate research degree at an Australian university. It is expected that your research topic is associated with, or has implications for, orthodontics.
- Research student membership is limited to a period of one year. You will need to re-apply after one year.
- As a research student member you may attend State Branch meetings but are not eligible to vote or stand for election.
- Membership for research student members is complimentary.

INSTRUCTIONS

1. **Please read the application carefully and ensure all sections are completed.**
2. **You must provide proof that you are currently enrolled in full time study in a post-graduate research degree at an Australian university.**
3. **Please ensure that you have signed the form and that a Proposer and Secunder have also signed the form on page 3.**
4. **Once completed, submit your application to**

Australian Society of Orthodontists Inc
PO Box 576
CROWS NEST NSW 1585

Telephone 02 9431 8666
Facsimile 02 9431 8677
E-mail admin@aso.org.au

Once the application has been approved, you will receive the benefits of research student membership without prejudice to the outcome of the application.

Application for Research Student Membership

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

Applicant

Title			
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			

Course Director or Supervisor

Name			
University			
Address			

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Have you had any degree or diploma been withdrawn by a conferring authority?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 relevant to orthodontics (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. I authorise the ASO Council to contact my supervisor/s or staff at my university to verify my application.

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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