



Australian Society  
of Orthodontists

## Application for Student 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 Seconder have also signed the form on page 3.
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.

<b>NSW/ACT</b>	Dr Julia Dando	Phone Email	02 9845 7450 julia@dando.com.au
<b>QLD</b>	Dr Emily Ong	Phone Email	07 3848 5711 asoqld@gmail.com
<b>SA/NT</b>	Dr Cherry Zaw	Phone Email	08 8224 0200 cherry.zaw@gmail.com
<b>VIC/TAS</b>	David Fuller	Phone Email	03 9592 5121 dfuller1@bigpond.net.au
<b>WA</b>	Dr Ash Patel	Phone 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, you will receive the benefits of 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.

## Application for Student Membership

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

### Applicant

Title	
Given names	
Surname	
State	

### Orthodontic Course Director or Supervisor

Name	
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Have you had any degree or diploma been withdrawn by a conferring authority?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 since graduation as dentist (in chronological order)

Date	Location	Type of work undertaken

Please attach other information relevant to this application

**Personal details**

<b>Title</b>		<b>Preferred Name</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>Telephone</b>		<b>Mobile</b>	
<b>E-mail</b>			

**Applicant**

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

<b>First name</b>		<b>Surname</b>	
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<b>Signed</b>		<b>Date</b>	
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**Proposer (Full Member of ASO)**

<b>First name</b>		<b>Surname</b>	
<b>Signed</b>		<b>Date</b>	

**Secunder (Full Member of ASO)**

<b>First name</b>		<b>Surname</b>	
<b>Signed</b>		<b>Date</b>	

**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 on the first page of this Application Form) have been provided and
- there are no objections from Branch members to this application.

<b>State</b>	
<b>Name</b>	
<b>Signed</b>	
<b>Date</b>	

**Office Use Only**

**Chairman of Membership Advisory Committee**

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