

Active Membership



European Orthodontic Society
Flat 20, 49 Hallam Street
London W1W 6JN, U.K

Tel/Fax: +44 (0) 20 7637 0367

Fax: +44 (0) 20 7323 0410

E-mail: eoslondon@aol.com

MEMBERSHIP APPLICATION FORM

The European Orthodontic Society is a company limited by
Guarantee Registered Charity No. 1095190

1. PERSONAL DETAILS (please complete in BLOCK CAPITALS)

Family name: Prof/Dr:

First name: Year of birth:

Address:

Town & Postcode: Country:

Tel. No. Work: Tel. No. Home:

Fax. No. Work: E-mail:

Professional degrees or qualifications and Universities:

Date of obtaining first registrable dental qualification:

Please tick

Orthodontic practice:	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	Private	<input type="checkbox"/>
	University	<input type="checkbox"/>	Government	<input type="checkbox"/>	Postgraduate	<input type="checkbox"/>

I am actively engaged in the study and practice of Orthodontics and, if elected, I promise that I will promote the honour and interest of the Society, and observe its bye-laws as long as I am a member.

Signature: Date:

2. REFEREES (the applicant must be nominated by two Active members of the Society. Associate members are not eligible to sign)

We recommend that this Candidate is elected to membership of the Society.

(I) Signature: Date:

Name:

Address:

(II) Signature: Date:

Name:

Address:

3. POSTGRADUATE STUDENT MEMBERSHIP (to be signed by the Head of the Orthodontic Department)

I certify that the applicant is a *bona fide* postgraduate student at:

.....

Signature: Date:

Name: