Associate Membership

European Orthodontic Society
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ASSOCIATE MEMBERSHIP APPLICATION FORM

1. PERSONAL DETAILS (please complete in BLOCK CAPITALS)

Family name……..Prof./Dr……

First name……Year of birth……..

Address……

Town and 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 [ ] Part time [ ]
University [ ] Government [ ] Private [ ]

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 another member of the Society or by an official of the local Orthodontic Society).

(i) Signature:…… Date:……

Name:……

Position:……

Address:……