

AUSTRALIAN ASSOCIATION FOR LASER DENTISTRY

- Application for Membership -

I, _____, having read the Constitution of the Australian Association for Laser Dentistry, make application for membership of the society and if elected undertake to abide by the constitution and Rules of the Association.

In conformity with rule 4.1 (membership) of the constitution, I wish to apply for

- Full
 Associate Membership of the Association.

I enclose my cheque for \$110.00 being the amount of the annual subscription on the understanding that if my application is not successful this amount will be returned.

Signature _____ Date _____

GENERAL INFORMATION

Name _____

Address (Private) _____

Address (Professional) _____

Phone Number _____

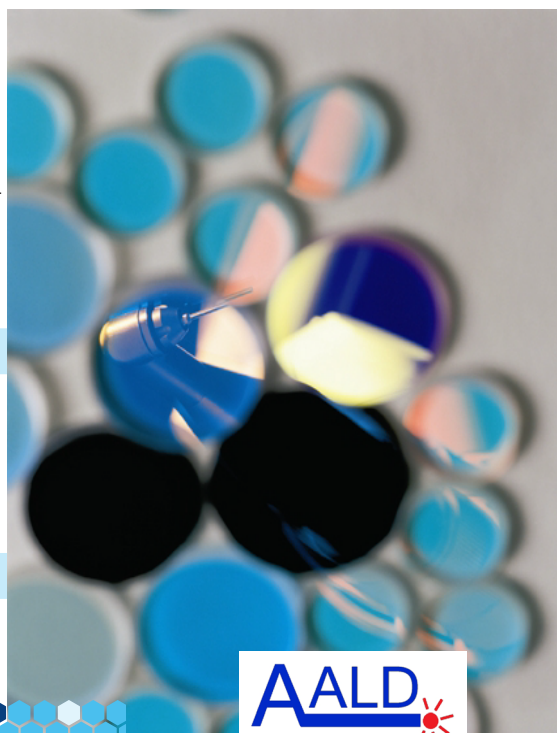
Email _____

DOB _____

Year of Graduation _____

DENTAL BOARD REGISTRATION DETAILS

OCCUPATION



DENTAL ASSOCIATION MEMBERSHIP

OTHER DENTAL ORGANISATIONS/MEMBERSHIPS

MEMBERSHIP INFORMATION

Qualifying Degree _____
(Include Year and Place)

Additional Degree or Qualification _____
(Include Year and Place)

Teaching or hospital Appointments _____

Particulars of Practical and/or Theoretical Activity in Laser Dentistry

REFEREES

We, the undersigned, recommend _____
for

- Full
- Associate Membership of the Association.

1. _____
2. _____
3. _____

OFFICE USE ONLY

Application Received on _____

Council Recommendation _____

Applicant Notified _____

