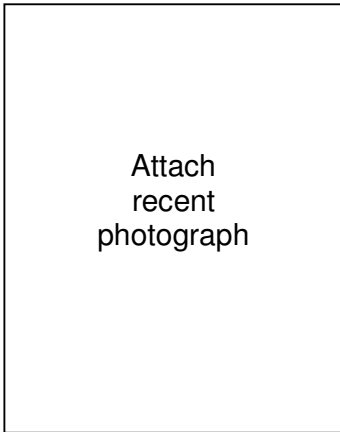


*DECLARATION BY APPLICANTS FOR MEMBERSHIP*



**NOTE:** This declaration is to be completed by applicants for Associate Membership.

Last or Family Name: \_\_\_\_\_

Preferred Given Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Practice Telephone No: \_\_\_\_\_

Practice Fax No: \_\_\_\_\_

Mobile Telephone No: \_\_\_\_\_

Private Address: \_\_\_\_\_

Private Telephone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current NZDA Membership Status:

Current NZAO Membership Status:



**NEW ZEALAND ASSOCIATION OF ORTHODONTISTS (Inc.)**

[www.orthodontists.org.nz](http://www.orthodontists.org.nz)

1. Date of Registration in New Zealand: \_\_\_\_\_

2. Degree on which Registration in New Zealand was granted: \_\_\_\_\_

\_\_\_\_\_

3. a) Additional degrees or qualifications recognised by the Dental Council of New Zealand:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Additional degrees or qualifications not recognised by the Dental Council of New Zealand:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Honours or awards (specify year conferred): \_\_\_\_\_

\_\_\_\_\_

4. Experience in general practice with specific dates and locations. Substantiation by signed documentary proof must be included with this application. Attachment A:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Membership in dental associations and professional groups:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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6. Publications:

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7. Names and Addresses of two referees from whom an opinion of personality and character may be obtained:

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8. Supplementary Information. If after answering the questions on this application form you feel that some of the facts about yourself, your education or your work have not been fully represented, please attach an additional biographical or other statement. Attachment B:

9. You may be required to make a statutory declaration as to the accuracy of the details contained in this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_