

*DECLARATION BY APPLICANTS FOR CORRESPONDING  
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: \_\_\_\_\_

Degrees and/ or qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership of the following dental associations and professional groups:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a member of the National Dental Association of the country in which I reside

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