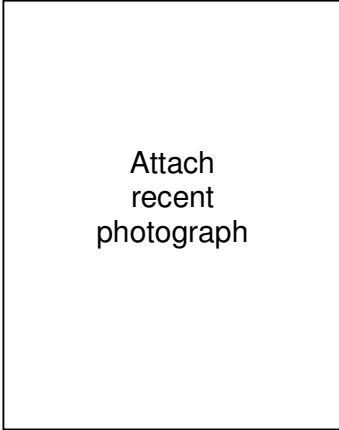


DECLARATION BY APPLICANTS FOR MEMBERSHIP



NOTE: This declaration is to be completed by applicants for Student 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

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:

Signature of Applicant: _____ Date: _____

NZAO

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Nominators

I, _____ (Name)

_____ (Address)

_____ (Signature and date)

am a full member of the NZAO and nominate

_____ (Applicants name)

for Student membership of the NZAO.

I, _____ (Name)

_____ (Address)

_____ (Signature and date)

am a full member of the NZAO and nominate

_____ (Applicants name)

for Student membership of the NZAO.