



DECLARATION BY APPLICANTS FOR ASSOCIATE MEMBERSHIP

Attach recent photograph

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

Last or Family Name: _____

Preferred Given Name: _____

Work Address: _____

Work Telephone No: _____

Work Fax No: _____

Mobile Telephone No: _____

Private Address: _____

Private Telephone No: _____

E-mail Address: _____

Date of Birth: _____



Current NZDA Membership Status: _____

Current NZAO Membership Status: _____

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)

5. Membership in dental associations and professional groups:



NZAO
Association of Orthodontists

6. Publications:

7. Names and Addresses of two referees from whom a character reference may be obtained:

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: _____