

DECLARATION BY APPLICANTS FOR CORRESPONDING 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:		
Degrees and/ or qualifications	s:	
		
		
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Membership of the following dental associations and professional groups:		
I am a member of the Nationa	al Dental Association of the country in which I	reside
Signature of Applicant:	Date:	

New Zealand Association of Orthodontists Inc

www.orthodontists.org.nz

P O Box 179: Albany Village: Albany: Auckland 0755: New Zealand