



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:

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: _____