



DECLARATION BY APPLICANTS FOR MEMBERSHIP

Attach recent photograph

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

Last or Family Name: _____

Preferred Given Name: _____

Mobile Telephone No: _____

E-mail Address: _____

Date of Birth: _____

Private Address: _____

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)

Signature of Applicant: _____ Date: _____



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.