



ASSOCIATION OF ORTHODONTISTS (SINGAPORE)
c/o 2 College Road, Singapore 169850

**Membership Application Form – Ordinary/International Membership
(Please delete as appropriate)**

Name:

Address (Home):

Tel (Home/Mobile): _____ Email Address: _____

Address (Practice):

Country of Practice:

Tel (Practice): _____ Fax (Practice): _____

Preferred Address for correspondence: Home / Practice

Basic Dental Qualification

Degree: _____ Year Awarded: _____

Institution: _____

Post-graduate Qualifications in Orthodontics

Degree: _____ Year Awarded: _____

Institution: _____

Other Qualifications

Degree: _____ Year Awarded: _____

Institution: _____

Licensed to practise in which country: _____

Proposers (all new applicants will require 2 current members of the Association of Orthodontists (Singapore) as proposers.

Full name of first proposer: _____

Full name of second proposer: _____

Techniques used in Practice: (please tick)

- | | | |
|---|--|--|
| <input type="checkbox"/> Begg | <input type="checkbox"/> Edgewise and its variations | <input type="checkbox"/> Lingual |
| <input type="checkbox"/> Functional | <input type="checkbox"/> Tip-Edge | <input type="checkbox"/> Straight wire |
| <input type="checkbox"/> Removable Appliances | <input type="checkbox"/> Aligners | |

Ordinary Membership

- | | | |
|---------------------------------|----------|--------------------------|
| Entrance Fee | S\$200/- | <input type="checkbox"/> |
| 2-years Subscription@\$150/year | S\$300/- | <input type="checkbox"/> |

International Membership

- | | | |
|---------------------------------|----------|--------------------------|
| Entrance Fee | S\$100/- | <input type="checkbox"/> |
| 2-years Subscription@\$100/year | S\$200/- | <input type="checkbox"/> |

AOS will contact you for payment once your application is approved.

I hereby declare that all the details furnished above are true and correct and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I agree to abide by the constitution of the Association of Orthodontists (Singapore) and uphold the objectives of the Association.

Signature

Date