



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

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

Name: \_\_\_\_\_

Address (Home): \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (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: \_\_\_\_\_

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 |                                     |

**Ordinary Membership**

Entrance Fee S\$200/-   
2-years Subscription@\$150/year S\$300/-

**Student Membership**

Annual Subscription Waived

AOS will contact you for payment once the application is approved

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date