



ASSOCIATION OF ORTHODONTISTS (SINGAPORE)

AOS Student Membership

(AOS student membership is only open to full time postgraduate students in orthodontics training in Singapore at an approved dental institution)

Name: _____

Address (Home): _____

Tel (Home/ Mobile): _____

Email Address: _____

Basic Dental Qualification

Degree: _____ Year Awarded: _____

Institution: _____

Other Qualifications

Degree: _____ Year Awarded: _____

Institution: _____

Licensed to practise in which country: _____

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

Signature

Date