

Full/Associate Membership



European Orthodontic Society
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MEMBERSHIP APPLICATION FORM

1. PERSONAL DETAILS (please complete in BLOCK CAPITALS)

The European Orthodontic Society is a company limited by
Guarantee Registered Charity No. 1095190

Family name: Prof/Dr:

First name: Date of birth:

Address:

Town & Postcode: Country:

Tel. No. Work: Tel. No. Home:

Fax. No. Work: E-mail:

Professional degrees or qualifications and Universities:

Date of obtaining first registrable dental qualification:

Please tick

Orthodontic practice:	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	Private	<input type="checkbox"/>
	University	<input type="checkbox"/>	Government	<input type="checkbox"/>	Postgraduate	<input type="checkbox"/>

I am actively engaged in the study and practice of Orthodontics and, if elected, I promise that I will promote the honour and interest of the Society, and observe its bye-laws as long as I am a member.

Signature: Date:

2. REFEREE (the applicant must be nominated by a member of the Society, or for Associate membership by an official of the national orthodontic society).

I recommend that this Candidate is elected to membership of the Society.

Signature: Date:

Name:

Address:

3. POSTGRADUATE STUDENT MEMBERSHIP (to be signed by the Head of the Orthodontic Department)

I certify that the applicant is a *bona fide* postgraduate student at:

Signature: Date:

Name: