

Australian Society of Forensic Odontology Inc.



APPLICATION FOR MEMBERSHIP

NAME

ADDRESS

.....

EMAIL

PHONE

QUALIFICATIONS

COUNTRY OF REGISTRATION (if outside of Australia)

- I wish to join the Australian Society of Forensic Odontology, Inc.
- I am a registered dental practitioner.
- I support the purposes of the Australian Society of Forensic Odontology, Inc.
- I agree to comply with the Rules of Association of the Australian Society of Forensic Odontology, Inc.
- I agree to comply with the Code of Ethics of the Australian Society of Forensic Odontology, Inc.

This application is supported by: 2 current members of the Australian Society of Forensic Odontology, Inc.

1.

2.

.....

(signature)

.....

(date)

Please forward this form to the Secretary of the Australian Society of Forensic Odontology at the address info@ausfo.org.au.

Your application will be reviewed by the executive of the Society and we will then contact you. Thank you for your interest.

President: Dr Jane Taylor
Vice president: Dr Denice Higgins
Secretary: Dr Jenny Ball

Australian Society of Forensic Odontology Inc.
Registration No. A0053935C

C/- 46 Webster Street Nedlands WA 6009
info@ausfo.org.au