



*DECLARATION BY APPLICANTS FOR MEMBERSHIP*

Attach recent photograph

**NOTE:** This declaration is to be completed by applicants for Student Membership.

Last or Family Name: \_\_\_\_\_

Preferred Given Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_

Work Fax No: \_\_\_\_\_

Mobile Telephone No: \_\_\_\_\_

Private Address: \_\_\_\_\_

Private Telephone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



Current NZDA Membership Status: \_\_\_\_\_

Current NZAO Membership Status: \_\_\_\_\_

1. Date of Registration in New Zealand: \_\_\_\_\_

2. Degree on which Registration in New Zealand was granted: \_\_\_\_\_

\_\_\_\_\_

3. a) Additional degrees or qualifications recognised by the Dental Council of New Zealand:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Additional degrees or qualifications not recognised by the Dental Council of New Zealand:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Honours or awards (specify year conferred)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**NZAO**  
Association of Orthodontists

**Nominators**

I, \_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Signature and date)

am a full member of the NZAO and nominate

\_\_\_\_\_ (Applicants name)

for Student membership of the NZAO.

I, \_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Signature and date)

am a full member of the NZAO and nominate

\_\_\_\_\_ (Applicants name)

for Student membership of the NZAO.