



AUSTRALIAN SOCIETY OF FORENSIC ODONTOLOGY INC.

New Membership Application

Application for Membership

NAME:

ADDRESS:

EMAIL:

PHONE:

QUALIFICATION:

COUNTRY OF REGISTRATION (if outside 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.

Signed:

Date:

Please forward this form to the Secretary of the Australian Society of Forensic Odontology at 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 Selina Leow
Secretary: Dr Jenny Ball
info@ausfo.org.au