

Membership Application Form

Personal Details:			
Full Name:			
Postal Address:			
Email:			
Phone Number:		Mobile Number:	
Professional Details:			
Work Address (1):			
Phone Number (w):			
Work Address (2):			
Phone Number (w):			
Fax Number:			
Qualifications			
Qualification	Year Conferred	Institution / Academy Body	
<i>eg. BSc</i>	<i>1992</i>	<i>The University of Melbourne</i>	
Professional Positions held (<i>including board memberships and committee memberships</i>):			
Membership of other Academies or Societies or Professional Organisations:			

Areas of Clinical Interest/Research:
Conflicts of Interest:
Nomination by Current Member of Academy:
<i>Please include details of 2 current full members of the Academy who may act as a referee for your application:</i>
1.
2.
Membership Category:
<input type="checkbox"/> Full Member (<i>registered oral medicine specialist in Australia or New Zealand with no restrictions or conditions</i>) <input type="checkbox"/> Associate Member (<i>student/trainee member</i>) <input type="checkbox"/> Affiliate Member (<i>registered oral medicine specialist in Australia or New Zealand with restrictions or conditions OR non-ANZ oral medicine specialist registrant</i>)
Attachments Required:
<input type="checkbox"/> Certified copy of current Dental Board Registration (general and specialist) <input type="checkbox"/> Certified copy of University Testamur (Oral Medicine) or equivalent <input type="checkbox"/> Cheque made out to “Oral Medicine Academy of Australasia” \$150.00 Joining Fee \$200.00 Annual Fee (<i>Associate Members are exempt from this fee</i>)

Please send application form, required documentation, and cheque to:

Oral Medicine Academy of Australasia
PO Box 100
Westmead, NSW 2145

The Academy will process all applications and confirm level of membership with the applicant.