

Membership Application Form

Personal De	etails:								
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:									
Qualificatio	ns								
Qualification Year		r Conferred	Ins	stitution / Aca	demy Body				
eg. BDSc 1992		2 The		e University o	of Melbourne				
Professional Positions held (including board memberships and committee memberships):									
Membership of other Academies or Societies or Professional Organisations:									

Areas of Clinical Interest/Research:						
Conflicts of Interest:						
Nomination by Current Member of Academy:						
Please include details of 2 current full members of the Academy who may act as a referee for your						
application:						
1						
1.						
2.						
- -						
Membership Category:						
☐ Full Member (registered oral medicine specialist in Australia or New Zealand with no						
restrictions or conditions)						
☐ Associate Member (student/trainee member)						
☐ Affiliate Member (registered oral medicine specialist in Australia or New Zealand with						
restrictions or conditions OR non-ANZ oral medicine specialist registrant)						
Attachments Required:						
☐ Certified copy of current Dental Board Registration (general and specialist)						
☐ Certified copy of University Testamur (Oral Medicine) or equivalent						
☐ Direct Deposit to "Oral Medicine Academy of Australasia"						
BSB: 062-336 ACC: 10262718 (Please include surname as reference)						
\$150.00 Joining Fee						
\$200.00 Annual Fee (Associate Members are exempt from this fee)						

Please send application form and required documentation as applicable to:

PO Box 257 Wahroonga NSW 2076 Australia

Or email: mail@omaa.com.au

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