



AUSTRALIAN SOCIETY OF IMPLANT DENTISTRY

Application for Membership

I.....make application for membership of the Australian Society of Implant Dentistry and if elected undertake to abide by the Constitution and Rules of the Society.

I have enclosed \$.....being the amount of the annual subscription.

Credit Card: American Express, Mastercard, Visa.

No..... Exp...../.....

Signed:..... Date:.....

Full Name(Print).....

Address (W).....

.....

Tel. (W):..... Tel. (H).....

Fax:.....

Email:.....

Year of Birth..... Year of Graduation.....

Degree(s)/University.....

Member of ADA: Y, N

Implantology Experience.....

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.....

Proposed:.....Seconded.....

***Dr. David Rosenwax, (Secretary)
30 Portland Street
DOVER HEIGHTS, NSW, 2030***

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Fax: (02) 93718542***

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