

Australian & New Zealand Society of Paediatric Dentistry



Membership Renewal Form 2005

Lastname _____

Firstname _____

Preferred Name _____

Title _____ Dr, Mr, Mrs, Miss, Ms, Prof.

Address _____

Town/City _____ State _____ Postcode _____

Country _____

Telephone - Work _____

Telephone - Home _____

Fax _____

e-mail address _____

Professional Group _____ Dentist, Paediatric Dentist, Orthodontist, etc.

Member Type _____ Full, Associate, Honorary

Fees Full Membership with IAPD Membership
Includes International Journal of Paediatric Dentistry \$

Full Membership without IAPD Membership option \$

Associate Membership \$

I would like to receive information from related interest groups
if mailing list requests approved by Federal Council

Signed _____

Date _____

Return to Branch Secretary at:

Make cheques payable to ANZSPD

Nonmember for Synopses Mailing List only. Requires approval from Branch Executive