

# Australian & New Zealand Society of Paediatric Dentistry



## Membership Renewal Form

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 \$
- 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