



# ASLO Membership Application

## AUSTRALASIAN SOCIETY OF LINGUAL ORTHODONTISTS

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### Application for Membership/Renewal

I \_\_\_\_\_ hereby apply for active membership/renewal of the Australasian society of Lingual Orthodontists (ASLO). I will uphold the values of ASLO and support ASLO by attending at least one of its conferences every two years. I declare that I am a current member of the Australasian Society of Orthodontists, or, if I practice outside of Australia, I declare that I am a current member in good standing of an orthodontic organisation in the country in which I practice.

Member of ASLO \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PostalAddress: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

**2 Yearly Membership Subscription: AU \$380.00 (Includes GST)**

Preferred payment method is via Internet banking

**National Australia Bank** BSB: 083 028 Acct No: 48611 0452 Reference: **Please write Surname**

We also accept Visa, MasterCard or Cheque made payable to

**Australasian Society of Lingual Orthodontists**

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

**Please forward subscription form and payment to:**

Dr Kamini Titus  
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