



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:

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