New Zealand Society of Forensic Odontology

Membership Application Form

(Please complete fully. Print clearly)

Membership category: ☐ **FULL*** ☐ **ASSOCIATE**

Full Name: _____

Work address: _____

_____

Home address: _____

_____

Mail address: ☐ **Home** ☐ **Work**

Email address: _____

Telephone: Mobile: _____ **Landline:** _____

***I am a member of the New Zealand Dental Association** **Yes** ☐ **No** ☐

Your application must be proposed and seconded by current NZSFO members.

Proposer: _____

☐ Proposer has informed the relevant regional coordinator of the nomination for this membership

Seconder: _____

Signature of applicant: _____

☐ Applicant has attached a copy of their CV and a short statement of interest to the application

Full Membership : must currently be a New Zealand Registered Dentist with an interest in forensic odontology and a current NZDA member.

Associate Membership : All other applicants

Return to: memberships@nzsfo.org.nz