



New Zealand Society of Forensic Odontology (NZSFO)

(373800) [NZBN: 9429042688839]

Membership Application Form

Membership category: FULL* ASSOCIATE

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

Full Legal Name : _____

Work Address : _____

Residential Address : _____

Email Address : _____

Phone Number : _____

Are you a member of the New Zealand Dental Association (NZDA)? Yes No

Supporting Information - Please confirm the following are attached:

- Curriculum Vitae (CV)
- Short statement of interest in forensic odontology

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

Proposer : _____

Proposer has informed the relevant Regional Coordinator

Secunder : _____

I confirm that:

- The information provided in this application is true and correct
- I meet the eligibility criteria for the membership category selected
- I agree to abide by the Constitution and bylaws of NZSFO (accessible on the NZSFO website)
- I understand that membership is subject to approval by the Executive and NZSFO Membership

By signing this application, I acknowledge and consent that:

- I wish to be a member of NZSFO
- My name and contact details will be held on the NZSFO member register
- This register may be accessed by other members as permitted under the Act
- My information will be used for society administration and communication purposes

Signature of Applicant : _____ Date: ____ / ____ / ____