

**AUSTRALIAN SOCIETY OF ENDODONTOLOGY
(NSW BRANCH) INC.
2009 APPLICATION FORM**

**TAX INVOICE-
ABN 27 336 157 075**

Dr. Vincent BLEFARI Secretary/Treasurer
ASE (NSW Br) Inc.
P.O. Box 497
Enfield NSW 2136

I wish to renew / apply for membership for the Australian Society of Endodontology (NSW Branch)

Please find enclosed my cheque (payable to the Australian Society of Endodontology (NSW Branch) for:

- \$450.00 (incl. GST) (City Members)
- \$170.00 (incl. GST) (Geographically remote areas)*
- \$225.00 (incl. GST) (Recent Graduate - First 2 years)

SIGNED

DETAILS OF MEMBER: (Please Print)

SURNAME..... GIVEN NAMES.....

PREFERRED NAME (for name tag).....

DEGREES AND YEAR OBTAINED

POSTAL ADDRESS

STREET.....

CITY/TOWN/SUBURB POSTCODE.....

PHONE

W(.....) FAX(.....)

EMAIL..... HOME(.....)

TYPE OF PRACTICE (more than one may be applicable)

- | | |
|---|--|
| <input type="checkbox"/> GENERAL PRACTICE | <input type="checkbox"/> SPECIALIST (type)..... |
| <input type="checkbox"/> UNIVERSITY | <input type="checkbox"/> HOSPITAL |
| <input type="checkbox"/> ARMED SERVICE | <input type="checkbox"/> STUDENT (U/GRAD OR POST GRAD) |
| Circle one | |
| <input type="checkbox"/> RETIRED | <input type="checkbox"/> OTHER |

*A geographically remote address has a postcode within these numbers: 1946-1999; 2266-2483;
2495-2499; 2535-2554; 2787-2899

Please retain a copy for your records for taxation purposes, as no receipts will be issued.