



**AUSTRALIAN SOCIETY OF  
ENDODONTOLOGY  
(WA Branch) Inc.**

**Membership  
Application Form**

**2009**

*Any queries regarding Membership or Meetings,  
please contact Dr. Jacky Castro. Secretary /  
Treasurer, on*

0439 972 754 or by e-mail:

[jackyvs@bigpond.net.au](mailto:jackyvs@bigpond.net.au)

**2009 Membership Application  
Form and Tax Invoice**

(Please copy and send the copy with your  
payment. Then retain the original as your Tax  
Invoice)

Please forward the completed 2009  
Membership Application Form along with a  
signed cheque to:

**Dr. Jacky Castro  
Secretary / Treasurer  
14 / 45 Ord Street  
WEST PERTH WA 6005**

- Please **renew** my *membership* for 2009 and I enclose a cheque for **\$214.50** payable to the ASE(WA Branch) - includes GST, Federal Membership and AEJ subscription.
- Please **accept** my application as a *New Member* for 2009 and I enclose a cheque for **\$214.50** payable to the ASE (WA Branch) – includes GST, Federal Membership and AEJ subscription.
- Please **accept** my application as a *New Graduate or Post Graduate Student* and I enclose a cheque for **\$181.50** payable to the ASE (WA Branch) - Includes GST, Federal Membership & AEJ subscription.
- I wish to make a voluntary donation to the ASE Research Fund - \$ \_\_\_\_\_

**Australian Society of Endodontology  
(WA Branch) Inc.  
ABN 91 478 820 059**

**2009 Membership Details:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Work \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a  General Dentist, or  Specialist?

If a Specialist, which specialty? \_\_\_\_\_

**2009 New Members Only:**

My application is supported by the following  
two members of the ASE Inc.

\* Member's Name: \_\_\_\_\_

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

\* Member's Name: \_\_\_\_\_

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

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