

**AUSTRALIAN SOCIETY OF ENDODONTOLOGY
(NSW BRANCH) INC.
2010 APPLICATION/RENEWAL FORM**

TAX INVOICE – ABN 27 336 157 075

Dr. Donna Richards
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I wish to renew / apply (please circle) 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..... |

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

*A geographically remote address has a postcode outside 1000-2249, 2252-2255 and 2555-2574.