

FIJI DENTAL ASSOCIATION

G.P.O. Box 14221, Suva, Fiji



APPLICATION FOR MEMBERSHIP

Title: Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Other <input type="checkbox"/> _____		Attach passport photo here
Given names: _____ Surname: _____		
Address: _____	Date of Birth: _____	
	Phone: _____	
	Fax: _____	
	Email: _____	
Address where practice carried on: _____		

The Secretary,
Fiji Dental Association.

I hereby submit my application for membership to the Fiji Dental Association.

I desire to apply for the following membership:

[Please tick appropriate box]

- Full Member
- Temporary Full Member
- Affiliate Member
- Temporary Affiliate Member
- Associate Member

I hereby agree, if appointed as a member, to be bound by all the provisions of the Rules of the Association, the By-Laws and the Code of Conducts of the Association. I solemnly declare that all particulars stated above are correct.

Name : _____

Signature : _____

Date : _____

Date Received:

Signature: