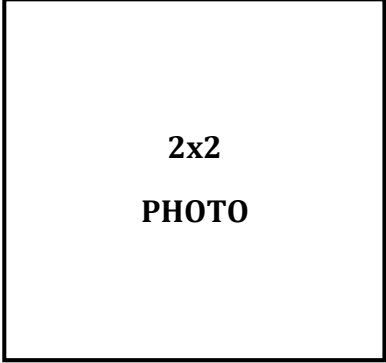




ASSOCIATION OF PHILIPPINE ORTHODONTISTS

APPLICATION FOR MEMBERSHIP



DATE _____

NAME _____

HOME ADDRESS _____ PHONE _____

MAIN CLINIC ADDRESS _____ PHONE _____

Exclusive Practice in Orthodontics

Non Exclusive

Mobile Phone _____ E mail Address _____

DENTAL SCHOOL _____ DEGREE _____ YEAR _____

ORTHODONTIC SCHOOL _____ DEGREE _____ YEAR _____

* Passed PBO Phase II Certification Examination YEAR _____

SCIENTIFIC PAPERS PRESENTED AND OR PUBLISHED _____

MEMBERSHIP IN OTHER DENTAL ORGANIZATIONS AND HIGHEST POSITION HELD

Photo Copy of Credentials submitted:

Dental Degree Diploma

PRC Certificate and PRC ID

Orthodontic Degree Diploma/Certificate

Certification of Current PDA membership or PDA ID

Signature of Applicant

DO NOT WRITE BELOW

MEMBERSHIP COMMITTEE

Endorsed to APO executive Board for approval ACTIVE AFFILIATE ASSOCIATE

Application denied

Reason _____

Dennis C. Lim, DMD, MSD, FAPO, DPBO
CHAIRMAN, Membership Committee

Date

EXECUTIVE BOARD

Membership application approved ACTIVE AFFILIATE ASSOCIATE

Martin Antonio V. Reyes, DMD., MSD, FAPO
PRESIDENT

Date

Please answer the following questions:

1. Why do you want to join the APO?

2. How can APO help you?

3. How can you be of service to the APO?

4. Are you a member of any other dental / orthodontic organization? If yes, please list down the name of the organization/s.

5. Are you in any way connected with the conceptualization/operation of any orthodontic preceptorial class? If yes, explain your involvement.

I have read the Constitution and bylaws of the Association of Philippine Orthodontists (As Amended 2010) and I fully understand that any untruthful information may affect my application and membership status in the Association of Philippine Orthodontists.

Applicant's Name and Signature

Date