



ASSOCIATION OF PHILIPPINE ORTHODONTISTS

APPLICATION FOR MEMBERSHIP



DATE_____

Last Name_____First Name_____Middle Name_____

BIRTHDATE_____ CIVIL STATUS _____ SEX [] Male [] Female

HOME ADDRESS_____

_____ PHONE NO._____

MAIN CLINIC ADDRESS_____PHONE NO._____

[] Exclusive Practice in Orthodontics [] Non Exclusive

MAILING ADDRESS [] Home [] Clinic

Mobile Phone _____ E-mail Address _____

PRC License _____ PRC Reg. Date _____ Expiry Date _____

DENTAL SCHOOL _____ DEGREE _____ YEAR _____

ORTHODONTIC SCHOOL _____ DEGREE _____ YEAR _____

*Passed PBO Phase II Certification Examination YEAR N/A PDA Primary Chapter _____

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 ID
- () Orthodontic Degree Diploma/Certificate () Certification of Current PDA membership

I am aware that the APO is a specialty organization and as a member, I am obliged to elevate my membership category to Fellow within a given time frame set by the Association.

Signature of Applicant

DO NOT WRITE BELOW

MEMBERSHIP COMMITTEE

Endorsed to APO executive Board for approval ACTIVE AFFILIATE ASSOCIATE STUDENT
 Application denied

Reason _____

SIGNED

Dr. Rocelie Ringor-Sison
CHAIR, Membership Committee

DATE

EXECUTIVE BOARD

Membership application approved: ACTIVE AFFILIATE ASSOCIATE; Application denied

SIGNED

Dr. Dennis C. Lim
PRESIDENT

DATE

TO ALL APPLICANTS: Please fill this up for the PDA Database. Thank you.

Spouse's Name _____

Mother's Name _____

Father's Name _____

Beneficiaries: (Fill according to Priority)

a. Primary _____

b. Secondary _____

Affiliate Society other than APO:

a. Local _____

b. International _____

Type of Practice:

Private Government Faculty

If government, what agency? _____

If faculty, what school? _____

WAIVER:

Every applicant for membership, by submitting an application, waives the right to hold the Association or any of its officers, members or employees responsible for any damage, pecuniary or otherwise, in case of refusal by this Association or any of its instrumentality's from admitting the applicant to membership.

Signature of the Applicant