



ASSOCIATION OF PHILIPPINE ORTHODONTISTS

APPLICATION FOR STUDENT MEMBERSHIP



DATE _____

NAME _____

HOME ADDRESS _____ PHONE _____

MAIN CLINIC ADDRESS _____ PHONE _____

DENTAL SCHOOL _____ DEGREE _____ YEAR _____

ORTHONTIC SCHOOL _____ START OF PROGRAM _____ 20_____

END OF PROGRAM _____ 20_____

E-mail Address _____

SCIENTIFIC PAPERS PRESENTED AND OR PUBLISHED _____

MEMBERSHIP IN OTHER DENTAL ORGANIZATIONS AND HIGHEST POSITION HELD

Photo Copy of Credentials submitted:

- Dental Degree Diploma
- Certification of student status of a PBO recognized dental college orthodontic post graduate program
- PRC Certificate
- Certification of Current PDA membership

Signature of Applicant

DO NOT WRITE BELOW

MEMBERSHIP COMMITTEE

Endorsed to APO executive Board for approval STUDENT]

Application denied

Reason _____

CHAIRMAN, Membership Committee

DATE

EXECUTIVE BOARD

Membership application approved STUDENT

PRESIDENT

DATE