



ASSOCIATION
OF
ORAL & MAXILLOFACIAL SURGEONS
(SINGAPORE)

APPLICATION FORM FOR MEMBERSHIP

Application for: Ordinary Membership/ Associate Membership *

Name of Applicant:

NRIC/ Passport No *:

Nationality:

Date of Birth:

Mailing Address:

Mobile number:

Email address:

Office Address:

Office Tel number:

Designation:

Basic degree:

University:

Year awarded:

Country:

Residency Training Institution:

Year of completion of Residency:

Postgraduate Qualifications:

Signature of Applicant/Date

Signature of Proposer/Date
Name:

Signature of Seconder/Date
Name:

*Delete as appropriate

Categories of Membership

- a) Ordinary Membership is open to dentists and doctors, registered under the Dentists Act (Cap 76) or the Medical Registration Act (Cap 174), who hold an additional qualification in, or related to, the specialty of oral and maxillofacial surgery. Each applicant shall be proposed and seconded by two Ordinary Members of not less than a year's standing.

- b) Associate Membership is open to other dentists or doctors, registered under the Dentists Act (Cap 76) or the Medical Registration Act (Cap 174), who do not hold a qualification in, or related to, the specialty of oral and maxillofacial surgery. Each applicant shall be proposed and seconded by two Ordinary Members of not less than a year's standing.

Annual Subscription Rates (subject to change, correct as of 2014)

Payable by 31st January of each calendar year

Ordinary Membership: \$100

Associate Membership: \$50