



**AUSTRALIAN SOCIETY OF ENDODONTOLOGY  
(NSW BRANCH) INC.  
2018 APPLICATION/RENEWAL FORM/GUEST FORM**

**TAX INVOICE – ABN 27 335 157 075**

Dr Omar Ikram President  
Dr Mehdi Rahimi Secretary/Treasurer  
Email: [asensw17@gmail.com](mailto:asensw17@gmail.com)

I wish to renew/apply (please circle) for membership for the Australian Society of Endodontology (NSW Branch):

- **City Members** (in second year or more after graduation): \$550 (incl. GST)
- **Geographically remote areas\***: \$220 (Incl. GST).
- Recent Graduate (First year and first dental degree only): \$250.00 (incl. GST)

Payment can be made using Paypal (please add 2.6% as processing fee) via [www.asensw.org.au](http://www.asensw.org.au) OR by Electronic Funds Transfer.

EFT Account details:

Account name: ASE (NSW Branch)

BSB: 032-191

Account number: 215747

**Please include your initial and surname as reference and email this completed form to [asensw17@gmail.com](mailto:asensw17@gmail.com) once payment has been made**

**DETAILS OF MEMBER** (Please Print)

Surname:

Given names:

Preferred name (for name tag):

Degree and year obtained:

**POSTAL ADDRESS**

Business name (if applicable):

Suite/Unit:

House Number:

P.O. Box:

Street:

CITY/TOWN/SUBURB:

STATE:

POST CODE:

**PHONE**

W ( )

Fax ( )

Mobile ( )

Email:

**TYPE OF PRACTICE** (more than one may be applicable)

General Practice

Specialist (type).....

University

Hospital

Armed Service

Student (U/Grad or P/Grad)

Retired

Other.....

**Please retain a copy for your records for taxation purposes, as no receipts will be issued.**

\*A geographically remote address has a postcode outside 1000-2249, 2252-2255 and 2555-2574.