



AUSTRALIAN SOCIETY OF ENDODONTOLOGY
(NSW BRANCH) INC.
2019 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

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): **EARLY BIRD \$495 before 31st December 2018**
AFTER 31st December 2018 - \$550 (incl. GST)
- **Geographically remote areas***: **EARLY BIRD \$170 (incl. GST) before 31st December 2018**
AFTER 31st December 2018 - \$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 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 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):
No./Suite/Unit:
House Number: P.O. Box:
Street:
CITY/TOWN/SUBURB: STATE: POST CODE:

PHONE

W ()
Mobile () Email:

TYPE OF PRACTICE (more than one may be applicable)

- | | |
|---|---|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Specialist (type)..... |
| <input type="checkbox"/> University | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Armed Service | <input type="checkbox"/> Student (U/Grad or P/Grad) |
| <input type="checkbox"/> Retired | <input type="checkbox"/> 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.