

Active Membership

Активные члены



European Orthodontic Society
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MEMBERSHIP APPLICATION FORM

Анкета

The European Orthodontic Society is a company limited by
Guarantee Registered Charity No. 1095190

1. PERSONAL DETAILS (please complete in BLOCK CAPITALS)

Персональные данные

Family name: Prof/Dr:
фамилия проф/доктор

First name: Year of birth:
имя дата рождения

Address:
адрес

Town & Postcode: Country:
город, индекс страна

Tel. No. Work: Tel. No. Home:
тел.рабочий тел.дом

Fax No. Work: E-mail:
факс рабочий имейл

Professional degrees or qualifications and Universities:
проф.степень/категория

Date of obtaining first registrable dental qualification:
дата регистрации квалификации

Please tick
пожалуйста выберите:

| | | | |
|---|--|---|---|
| Orthodontic practice: ортодонтическая практика | Full time <input type="checkbox"/> полная занятость | Part time <input type="checkbox"/> частичная занятость | Private <input type="checkbox"/> частная клиника |
| | University <input type="checkbox"/> университет | Government <input type="checkbox"/> гос учреждение | Postgraduate <input type="checkbox"/> интернатура/клин.орд |

I am actively engaged in the study and practice of Orthodontics and, if elected, I promise that I will promote the honour and interest of the Society, and observe its bye-laws as long as I am a member.
я активно принимаю участие в развитии ортодонтии, в случае принятия я обещаю популяризировать основные принципы ассоциации.

Signature: Date:
подпись дата

2. REFEREES (the applicant must be nominated by two Active members of the Society. Associate members are not eligible to sign)

We recommend that this Candidate is elected to membership of the Society.

(I) Signature: Date:

Name:

Address:

(II) Signature: Date:

Name:

Address:

3. POSTGRADUATE STUDENT MEMBERSHIP (to be signed by the Head of the Orthodontic Department)

I certify that the applicant is a *bona fide* postgraduate student at:

Signature: Date:

Name: