

**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Category of Membership desired (please tick): Full  Student\*  Retired  International (WFO Members)   
Orthodontic Therapist  Orthodontic Laboratory Technician

Present Position: \_\_\_\_\_

Primary Degree / Date / University \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Postgraduate Orthodontic Specialist / Orthodontic Therapy Programme: \_\_\_\_\_

University \_\_\_\_\_

Date programme started: \_\_\_\_\_ Date of completion \_\_\_\_\_

Registerable Qualifications / Dates: \_\_\_\_\_

No. of years in full time practice of orthodontics: \_\_\_\_\_

Are you a former student member of the O.S.I.?  Yes  No

Specialist / Orthodontic Therapist Reg. Number (Dental Council of Ireland) \_\_\_\_\_

**Orthodontic Society of Ireland Consent Forms, Logos, and other literature may only be used by full members of the Society.**

**Full Membership and Orthodontic Therapist** applications must be supported by two referees: ( full OSI members).

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Please print name and sign Please print name and sign

**International Membership** applications must be supported by a reference from the Secretariat of the applicant's National Society.

WFO registration number: \_\_\_\_\_

**Student Membership** applications must be signed by the course administrator and stamped with the university's official stamp

I hereby agree to be bound by the rules and the Constitution of the Orthodontic Society of Ireland.

Signed..... Date: .....

**Please return this completed application form to:**  
**Orthodontic Society of Ireland, 13 Upper Baginbun Street, 2<sup>nd</sup> Floor, Dublin 4, Ireland or Email: info@orthodontics.ie**

*\*Note: Orthodontic Therapist and Post Graduate Orthodontic Student members pay no annual subscription and are eligible for reduced fees for OSI courses. On completion of specialist training, student members who wish to continue membership must apply for full membership (or international membership if they practice exclusively outside the Republic of Ireland) using this application form.*