



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 Adelaide Road, Dublin 2, D02 P950 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.