AOMSS MEMBERSHIP APPLICATION FORM

Membership Type	Ordinary Membership [ ]	Associate Membership [ ]
Name		
NRIC / Passport No.		
Nationality		
Date of Birth		
Mobile No.		
Email		
Mailing Address		
Designation		
Office Address		
Basic Degree		
University		
Year Awarded		
Postgraduate Qualification(s)		
University		
Year Awarded		

Signature of Applicant & Date
Name:

Signature of Proposer & Date
Name:

Signature of Proposer & Date
Name:

Membership Fees:

Ordinary Membership	$100 / Year
Associate Membership	$50 / Year

Terms and Conditions:

a) Ordinary Membership is open to dentists and doctors, registered under the Dentists Act (Cap 76) or the Medical Registration Act (Cap 174), who hold an additional qualification in, or related to, the specialty of oral and maxillofacial surgery. Each applicant shall be proposed and seconded by two Ordinary Members of not less than a year's standing.

b) Associate Membership is open to other dentists or doctors, registered under the Dentists Act (Cap 76) or the Medical Registration Act (Cap 174), who do not hold a qualification in, or related to, the specialty of oral and maxillofacial surgery. Each applicant shall be proposed and seconded by two Ordinary Members of not less than a year's standing.

c) Membership fee is payable upon application, at a rate of 1 or 2 years, depending on the time of application. Subsequently, membership fees are collected once every 2 years. You will be notified of the payment details if your application is successful.