

**AUSTRALIAN SOCIETY OF ENDODONTOLOGY (WA Branch) Inc.**

***Membership Application Form, Tax Invoice & Lecture Schedule - 2017***

All registered dentists are invited to join the Australian Society of Endodontology (WA Branch)

**SCHEDULE OF LECTURES AND MEETINGS FOR 2017**

Tuesday March 14th	Dr Hari Ramineni (Canberra)	AGM, Dinner and Lecture	Uni Club of WA
Tuesday July 11th	Members' Case Presentations	Dinner and Lecture	ADA House
Friday November 17th	Dr Basil Athanassiadis (Brisbane)	Lunch and Half Day Course	ADA House

2017 ASE (WA Branch) Membership Application Form and Tax Invoice - ABN 91 478 820 059

(Please copy and send the copy with your payment details. Retain the original as your Tax Invoice)

- Please renew my Membership for 2017. Fee: \$250 (Incl GST).
- Please accept my application as a New Member for 2017. Fee: \$250 (Incl GST).
- Please accept my application as a New Graduate or Post Graduate Student - Fee: \$181.50 (Incl GST).
- You can also renew your membership online by following the prompts at [asewa.wildapricot.org](http://asewa.wildapricot.org)
- I wish to make a voluntary donation to the ASE Research Fund - Amount: \$ \_\_\_\_\_

Are you a  General Dentist, or a  Specialist? Which specialty? \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

- (1) Membership benefits: ASE lectures at Member's Rate & Subscription to Australian Endodontic Journal.
- (2) Information collected is subject to the ASE Inc. Privacy Policy - copies available from the ASE Inc. Federal Office.

**Payment method** - please tick the appropriate box to indicate your method of payment:

- Please pay by Direct Deposit to the Commonwealth Bank - BSB 066 124 Acct No. 1005 9299  
(please include your name in the payment reference details)
- Please pay by cheque made payable to the ASE (WA Branch) Inc.

**2017 New Members Only** My application is supported by the following two members of the ASE(WA Branch) Inc.:

Member's Name: \_\_\_\_\_ \* Member's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please forward completed form to:** Dr Michael Lee Secretary/Treasurer, ASE (WA Branch) Inc. 7c Silas Street EAST FREMANTLE WA 6158. E:[mastcell@gmail.com](mailto:mastcell@gmail.com)