



# MEMBERSHIP APPLICATION

FAMILY NAME

FIRST NAME

ADDRESS

CITY

POSTCODE

COUNTRY

MOBILE

EMAIL

Date of Dental Qualification

Specialization

Master

Date of Orthodontic Qualification

Place where Postgraduate Orthodontic Course was undertaken

Duration of Postgraduate Orthodontic Course

I wish to apply for active membership of the World Society of Lingual Orthodontics.

In making such application I agree to abide by the rules of the regulations or notices issued by the Council of the World Society of Lingual Orthodontics. I certify that I have been an independent specialist practitioner and the cases to be presented have been diagnosed and treated solely by myself. I agree to abide the rules (see WSLO requirements for membership) of the regulations or notices issued by the Council of the WSLO in respect of its recognition of the World Society of Lingual Orthodontics.

**Deadline for Membership Application: October, 31st 2024**

**Please return this form to WSLO AND WBLO 2025 MODEL DISPLAY: Yasuhiko Odaira: [odatyo@zk9.so-net.ne.jp](mailto:odatyo@zk9.so-net.ne.jp)**

Date

Signature