



New Zealand Academy of Cosmetic Dentistry Membership Application Form

Please fill in your contact details below to begin the membership application process:-

Full Name	
Postal Address	
Email	
Daytime phone	
Fax number	

If admitted to membership of the New Zealand Academy of Cosmetic Dentistry, I agree to abide by the Constitution, Code of Ethics, policies and decisions of the duly constituted boards and committees of the Academy. I understand that the membership alone must not be permitted to imply recognition by the Academy of a member's abilities or skill in cosmetic dentistry. I agree to abide by the NZACD's "Guidelines for Announcing and Advertising Membership in the Academy." I understand that the Guidelines provide specific parameters for commercial use of the name and/or logo of the Academy in promotional medium of any kind.

Signed

Date

NZACD MEMBERSHIP FEE PAYMENT – NZ \$365.00

Payment method (circle one) Cash Cheque Visa Mastercard

Name on card:

Card number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry date: _ _ / _ _

Signature

Post completed application form to:
NZACD - Membership, PO Box 8238, Symonds Street, Auckland 1150