



# SOCIETY FOR PAEDIATRIC DENTISTRY (SINGAPORE)

## Application Form for Membership Page 1

Last Name:

First Name:

Institution (if applicable):

Title:

Degrees:

Corresponding Address:

Postal Code:

Tel (Office):

Tel (Home):

Tel (Mobile):

Fax:

Email Address:

### DETAILS OF SPECIALIST PRACTICE:

Please designate the distribution that best describes your work

University

Yes

No

% Time Spent

Hospital

Yes

No

% Time Spent

Public Health

Yes

No

% Time Spent

Private

Yes

No

% Time Spent

Areas of Special Clinical Interest

Areas of Special Research Interest

### SPECIALTY TRAINING IN PAEDIATRIC DENTISTRY

Please give details of the training you have received in Paediatric Dentistry. Please attach a copy of the certificate/diploma/degree qualifying you as a Paediatric Dentist.

Training Programme:

Dates attended:

**SOCIETY FOR PAEDIATRIC DENTISTRY (SINGAPORE)***Application Form for Membership Page 2***MEMBERSHIP APPLICATION AND FEES**

|  |            |                          |
|--|------------|--------------------------|
| New membership subscription*           | S\$ 300.00 | <input type="checkbox"/> |
| Membership renewal for 2 years         | S\$ 200.00 | <input type="checkbox"/> |
| New Student membership #               | S\$ 110.00 | <input type="checkbox"/> |
| Student membership renewal for 2 years | S\$ 60.00  | <input type="checkbox"/> |
| Absent/Honorary/ Retired Member        | waived     | <input type="checkbox"/> |

\*New member subscription includes 2 years of membership fees and an initial joining fee of \$100

# New student subscription includes 2 years of membership fees and an initial joining fee of \$50

Two **ACTIVE** members of the Society For Paediatric Dentistry (Singapore) must support this application. Please have them sign below to support your membership application.

**Member Name:**

**Signature:**

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**Member Name:**

**Signature:**  
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Please send the completed application form  
to and payment cheque:

Secretary

The Society for Paediatric Society

Camden Medical Centre

#13-06, One Orchard Boulevard

Singapore 248649

Email: [info@paediatricdentistry.org.sg](mailto:info@paediatricdentistry.org.sg)

Include with this application form the  
following:

1. Copy of your diploma/ degree/certificate  
in Paediatric Dentistry, if applicable
2. Cheque payable to *Society for Paediatric  
Dentistry (Singapore)*

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**Signature of Applicant:**

**Date:**  
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