

Membership Secretary / Webmaster

Dr. JJ de Soet

E-mail: J.d.soet (AT)acta.nl
Phone: 31 20 5980869

Academic Centre for Dentistry
dept. Preventive Dentistry
Gustav Mahlerlaan 3004, Room 13N09
1081 LA Amsterdam
THE NETHERLANDS

Membership application form

(Use typed or block letters please!)

Introductory membership

(No age limitation, max. 3 years)

Date:.....

Title:.....

Surname:

First name or initials:.....

Date of birth:
day - month - year

Full professional address:

.....

.....

.....

.....

.....

.....

.....

Telephone / Fax:

Email-address:

Positions held:

This completed application form should be sent (preferably via email) to the Membership Secretary along with:

- 1 A letter of recommendation by a senior scientist or leader in the field of cariology (emails will be acceptable)**
- 2 An up-to-date short Curriculum Vitae**