

Affiliated Branch Application

of

World Society of Lingual Orthodontics

Society Name:

Society's Country:

Society's Representative:

Society's address

Society's e-mail address:

Society's webpage:

Number of society's member

1. I (name of society) _____
wish to apply for a new World Society of Lingual Orthodontics as
an affiliated branch of (country) _____
2. As a affiliated society I agree to honor the Statement of Purposes
of the WSLO, and to be bound by the rules of the Society

Applicant

Date