APPLICATION FOR AFFILIATION WITH THE BALKAN ASSOCIATION OF ORTHODONTIC SPECIALISTS (BAOS)

The, a national \square or regional \square organization of orthodontists located in,
hereby applies for affiliation with the Balkan Association of Orthodontic Specialists.
Our organization has considered and has approved the Bylaws of the Balkan Association of Orthodontic Specialists, which were signed during the 1 st meeting of the Interim Executive Committee of BAOS, which was held on 18.02.2017, in Thessaloniki, Greece.
According to the Bylaws of the BAOS, the following items are included with this application:
 a certified copy of the society bylaws in the native language of our society,
 a certified copy of the society bylaws, translated in English language, and
a complete list of our members along with their (electronic and postal) contact
information, and their membership status according to the bylaws of our Society.
As the official representative of our Society,
I hereby submit this application for affiliation with the Balkan Association of Orthodontic
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Specialists (BAOS). We fully understand that the Bylaws of BAOS impose a number of
responsibilities on our Society, and that
affiliation, if granted, can be withdrawn by the Balkan Association of Orthodontic Specialists.
By my signature below, our Society
acknowledges its obligation to comply with the purpose and objectives of the Balkan
Association of Orthodontic Specialists (BAOS) and confirm that:
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- The Bylaws of our Society provide full membership available only for orthodontic specialists. Full members of our Society are entitled to all the privileges of membership, including the right to hold office and vote.
- Membership in our Society is open to all qualified orthodontists within the geographical jurisdiction of our society, without regard to orthodontic technique used or philosophy of orthodontic practice.
- Our Society cannot be recognized or perceived by the Executive Committee, in its sole
 and absolute discretion, as a study club or as an organization formed to promote or
 advance a particular modality of orthodontic treatment.
- The members of our Society are educationally qualified and recognized to be orthodontic specialists by governing law, and/or national association bylaws compliant with BAOS bylaws, within our country.

I understand that the final decision on the application for affiliation of our Society will be taken by the Executive Committee of		
the Balkan Association of Orthodontic Specialists (BAOS).		
Signature:		
Name:		
Position:		
Name of the Affiliate Society:		
Date:		
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Contact details of the Affiliate	Society	
Society Name:		
Society mailing address:		
City:		
Zip/Postal Code:		
Country:		
Society Tel:		
Society Fax:		
Society E-mail:		
	(main representatives) of the Affiliate Society (i.e., President	
and Secretary General)	200	
	Officer #1	
Name:		
Office Held in Society:		
Mailing Address:		
City:		
Zip/Postal Code:		
Country:		
Tel:		
Fax: E-mail:		
E-mail:	Off: 41	
Namai	Officer #1	
Name:		
Office Held in Society:		
Mailing Address:		
City: Zip/Postal Code:		
Country:		
Tel:		
Fax:		
E-mail:		
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^{*}This form along with the corresponding documents must be sent to the Honorary Secretary of BAOS, Dr. Athina Chatzigianni at: Dept. of Orthodontics, School of Dentistry, Aristotle University of Thessaloniki, 54124 Thessaloniki, Greece, achatzigianni@dent.auth.gr.