Acceptance of Nomination for Fellowship

**To the International Trustee:**

**In accepting the nomination to fellowship of the Pierre Fauchard Academy, I submit the following information as to professional activities and standing:**

**1. Name**

**LAST FIRST MIDDLE NAME or INITIAL TITLE**

**2. Postal address:**

**CITY STATE POSTCODE**

**3. Email: 4. Office Phone**

**5. Mobile phone:**

**6. Preferred induction method: National ceremony Section ceremony By mail**

**7. Tertiary Education, University Dental Degree(s)**

**8. Other Dental Associations/Societies Membership**

**9. Significant activities and contributions to the profession**

**10. Community Service, Awards and Other interests and achievements:**

**11. Please construct a paragraph suitable for inclusion in the PFA Induction Booklet that briefly describes you and your background (approx 30-40 words):**

**I solemnly pledge myself to cooperate, by all suitable and just means, in extending and advancing the high moral, ethical, professional and scientific principles and the influence for good of the Pierre Fauchard Academy.**

**Date Signature**

**Proposer:**

*Adding a signature:* ***Scan*** *your signature as a .JPG approx 250 x 75, copy and paste it here OR fill the form out, print it and fax or scan it and email. Facsimile +61 2 4869 3121*

**TO BE COMPLETED BY OFFICERS OF THE ACADEMY**

**We are pleased to recommend the candidate as one who will in every way uphold the principles and high ideals of the Academy**