



# AAO International Membership Application\*



I am applying for the following membership/s:  \*AAO international  \*AAO international student  WFO fellow  WFO student

contact

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Gender:  Male  Female

I am a citizen of \_\_\_\_\_ (please list country if different than the country where you were born)

You must complete the information below for either or both the MAIN OFFICE OR TEACHING FACILITY or the HOME contact.

**MAIN OFFICE OR TEACHING FACILITY** (effective date: \_\_\_\_\_ )

**HOME**

Address \_\_\_\_\_

Address \_\_\_\_\_

Website: http:// \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Country \_\_\_\_\_

Land-line Phone \_\_\_\_\_

Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

Personal Email \_\_\_\_\_

Email \_\_\_\_\_

I prefer to receive mail at this address  Office  Home  
I prefer to receive email at this email address  Work  Personal

**EDUCATION** (please spell out full name of university clearly)

Dental School Attended \_\_\_\_\_ Degree \_\_\_\_\_ Date of Completion \_\_\_\_\_

Orthodontic School Attended \_\_\_\_\_ Degree \_\_\_\_\_ Date of Completion\*\* \_\_\_\_\_

\*\* If you are currently a student, list your expected date of completion.

payment

**DUES:**  Credit Card\*\*\*  Check  Money Order  Cash (onsite only)

AAO dues cover the fiscal year June 1 - May 31 and are not prorated.  
WFO dues are billed on the anniversary date of your original acceptance as a WFO member.

Amounts listed below are valid through May 31, 2017 unless otherwise noted.

**AAO International Student** dues will be complimentary for the first year. (After the first year, International Student Members will be charged an annual amount of **\$30** (U.S.))

**AAO International Member** applicants will be charged a **\$30** (U.S.) application fee. Additionally, your first year's dues in the amount of **\$396.50** (U.S.) will also be charged upon application approval.

**WFO Fellow** applicants:  5-Year Fellowship **\$230** (U.S.)  3-Year Fellowship **\$150** (U.S.)  1-Year Fellowship **\$120** (U.S.)

**WFO Student** applicants:  5-Year Student Member **\$100** (U.S.)  4-Year Student Member **\$80** (U.S.)  3-Year Student Member **\$55** (U.S.)  
 2-Year Student Member **\$45** (U.S.)  1-Year Student Member **\$25** (U.S.)

\*\*\* If paying by Credit Card please complete the following information:

Visa  Mastercard  AMEX ACCT # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ V code \_\_\_\_\_

**RETURN COMPLETED APPLICATION & REQUESTED MATERIALS**

AAO/WFO Membership  
401 N. Lindbergh Blvd.  
Saint Louis, MO 63141-7816, USA

Fax +1.314.993.6992  
email AAO: membership@aaortho.org  
email WFO: wfo@wfo.org

**QUESTIONS**

AAO Phone +1.314.292.6518 WFO Phone +1.314.993.5040  
http://www.aaoinfo.org http://www.wfo.org

If you are applying to become an AAO International Member or AAO International Student Member, you must complete this section and you must be a WFO Member.

WFO Member # \_\_\_\_\_ (If you are not currently a WFO member, please complete the WFO Applicant section below as well.)

**\*AAO INTERNATIONAL MEMBERS**

You must have successfully completed the full curriculum of an advanced specialty education program in orthodontics in the U.S. or Canada which is accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission on Dental Accreditation of Canada OR be a Fellow (member) in good standing of the World Federation of Orthodontists (WFO). Please sign the Pledge below.

**\*AAO INTERNATIONAL STUDENT MEMBERS**

You must be accepted or enrolled as a full-time student in an orthodontic program outside of the U.S. and Canada and be a student member in good standing of the World Federation of Orthodontists (WFO). Please sign the Pledge below.

**According to AAO Bylaws, all AAO members must sign a pledge to adhere to the Principles of Ethics of this Association.**

**PLEDGE OF THE AMERICAN ASSOCIATION OF ORTHODONTISTS**

*The American Association of Orthodontists (AAO) seeks to exemplify, enforce and promote the highest traditions in the practice of orthodontics. In making this application, I agree that the AAO may investigate my qualifications. I, therefore, pledge myself, as a condition of membership in the AAO, to live in strict accordance with all its principles, declarations and regulations, as presented in the Bylaws and the Principles of Ethics and Code of Professional Conduct of the AAO, which I have received and read.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WORLD FEDERATION OF ORTHODONTISTS OATH**

*I swear under oath that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be a WFO fellow or student member. I also understand and agree that the WFO may investigate my qualifications. I further waive the right to hold the WFO, its affiliates, executive committee, officers, members and employees responsible for any damage as a result of the denial of this application or any other action taken by the WFO.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WFO FELLOW APPLICANTS** (Please print except for signature)

Print your name as you want it to appear on the certificate of fellowship

National or regional orthodontic organization to which I belong

Country where organization located (must be affiliated organization of the WFO)

\_\_\_\_\_  
President's Name

\_\_\_\_\_  
Orthodontic Organization Name

I do hereby certify that the person named on this application is an orthodontic specialist and a member in good standing in our organization, practices or teaches within the border or area of our organization's jurisdiction, and is eligible to become a FELLOW of the World Federation of Orthodontists.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE

**WFO STUDENT APPLICANTS** (Please print except for signature)

I hereby certify that the applicant on this form is enrolled as a post-graduate orthodontic student at the stated institution at which I am employed.

\_\_\_\_\_  
Name of dean, orthodontic department chair or program director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email address

\_\_\_\_\_  
President's Name

\_\_\_\_\_  
Orthodontic Organization Name

I have examined the certification of post-graduate status in orthodontics of this applicant and verify that he/she is eligible to become a STUDENT MEMBER of the World Federation of Orthodontists.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE