



REQUEST FOR RETIRED STATUS

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I hereby certify that I have retired from the active practice of orthodontics as of _____ (date) and request Retired membership.

NAME _____

MAILING ADDRESS _____

____ Please include my mailing address in the online AAO Membership Directory

AAO MEMBER # _____ PHONE _____
Home Cell (circle one)

EMAIL ADDRESS _____

I wish to retain my AJODO subscription. (The current rate is \$36 per year. AAO will send you an invoice and you may cancel at any time.)

Yes _____ No _____

I affirm that I am completely retired from the active practice of orthodontics, and I will notify the AAO or my constituent organization immediately if I return to practice.

SIGNATURE _____

DATE _____

Please return this form to:

AAO Membership Dept
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