



AAO Orthodontic Staff Club Application

Company Name _____

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Employee's Name (Individual staff participant)	Email Address unique email is required each participant)	Date of Birth*	Gender* (A *Date of birth and gender are for demographic for information only and are not required)
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1 _____ (M or F)

2 _____ (M or F)

3 _____ (M or F)

4 _____ (M or F)

5 _____ (M or F)

6 _____ (M or F)

7 _____ (M or F)

8 _____ (M or F)

9 _____ (M or F)

10 _____ (M or F)

Please copy this application if you have more than 10 employees. The number of your staff that can participate is unlimited.

I hereby authorize the above-named orthodontic staff to become participants in the AAO Orthodontic Staff Club.

Employer's signature _____

PLEASE NOTE: Application must be signed by a current AAO member orthodontist. Unsigned applications will be not be processed. To continue participation, employment must be verified annually by an AAO member orthodontist.

Employer's (AAO member orthodontist's) Name _____ AAO Member # _____

Dues for Orthodontic Staff Club membership are \$50.00 U.S. per office (unlimited number of employees). Dues are not prorated and must accompany the application. If you wish to pay your dues with credit card, please complete the following:

VISA _____ MASTERCARD _____ AMEX _____ ACCT # _____ V code* _____

*(V code is the last 4-digits on the front of Amex and the last 3-digits on the back of Visa or MasterCard)

Exp. Date _____ Signature _____

Return completed application with payment to:
AAO Orthodontic Staff Club
401 North Lindbergh Blvd.
St. Louis, MO 63141-7816
Fax: 314-993-6992

For more information:
Call (800) 424-2841
Email membership@aaortho.org
Online: <http://www.aaoinfo.org>