

ALPHA OMEGA

INTERNATIONAL DENTAL FRATERNITY



ASSOCIATE MEMBERSHIP APPLICATION

Associate Membership is open to dental staff, medical professionals, and friends of Alpha Omega.

The Mission of AO: To offer dentists, oral health professionals and students a welcoming international fraternal community that honors the organizations Judaic heritage, provide opportunities to attain professional excellence and promotes access to oral health care for all.

**Alpha Omega International Dental Fraternity
International Office**
50 W. Edmonston Drive #206
Rockville, MD 20852

Phone: 484-425-9320
TF: 877-368-6326
Fax: 301-738-6403
E-mail: membership@ao.org

DUES

*** DUES COVER JULY 1, 2018 - JUNE 30, 2019**

*\$77 includes International Dues only. Please ask about your local chapter dues.

MEMBERSHIP

Associate Member Benefits Include:

- Monthly electronic member newsletter
- Communications from AO Headquarters
- Invitations to the AO International Convention (every December) and AO regional meetings

METHOD OF PAYMENT

- Enclosed please find my check as payment of my international fee **and** chapter dues.
- Please charge my credit card for my international and chapter dues to:
- Visa MasterCard American Express

Account Number: _____ Exp.: _____ CSC: _____

Please make your payment in U.S. funds, drawn on a U.S. bank.

After returning this form with payment, you will receive an official membership confirmation and welcome packet from Sara Bustard, Membership Manager.

Please contact Sara at sbustard@ao.org or 484-425-9320.

Please complete all information below.

PERSONAL INFORMATION

Name: (Last)	(First)	(MI)
Maiden Name: (If applicable)		
Home Address:		
Home Phone:	Home Fax:	
E-Mail Address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Citizen of: (Country)		
Spouse's Name: (If applicable)		

OFFICE INFORMATION

Office Address:	
Office Phone:	Office Fax:
Website:	
Preferred Contact Address (Home or Office):	

EDUCATIONAL INFORMATION

Professional School Attended:	
Degree:	Year Graduated:
Post Graduate Training:	
Degree:	Year Graduated:
Specialty:	
Local and/or National Membership(s):	
Licensed to Practice: (Countries)	
Where did you learn about Alpha Omega: <input type="checkbox"/> AO Member _____	
For other, please explain:	

Signature: _____ Date: _____