



## NEW ALUMNI MEMBERSHIP APPLICATION

Thank you for becoming part of a dynamic, thriving global organization focused on Professionalism, Fraternalism, and a commitment to Judaic values. AO has a unique dues structure where each member pays international dues and chapter dues. If an individual does not live near a chapter, only international dues will be applicable. Our headquarters office will help determine if you live near a chapter and connect you to the chapter leadership.

**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](mailto:membership@ao.org)

### DUES

#### DUES VALID FROM JULY 1, 2018-JUNE 30, 2019

**NOTE:** If you live near an AO chapter that is self-billing (please ask Headquarters), your application will be forwarded to the chapter contacts.

### TYPE OF MEMBERSHIP

**New Alumni: resident or practicing dentist in any specialty.** This membership level begins immediately after earning a DMD or DDS degree and is valid up to (5) consecutive years.

Check One:  New Member to AO  Returning Member

Membership Fees:

- Membership Dues**..... **\$41.00 USD** (Up to 5 years once DMD or DDS degree earned)
- Chapter Dues**..... **Please Ask Headquarters**

### 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](mailto: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 Dental Society Membership(s):	
Licensed to Practice: (Countries)	
Where did you learn about Alpha Omega: <input type="checkbox"/> AO Member _____	
For other, please explain:	

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