



NORTH AMERICAN 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

DUES

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

TYPE OF MEMBERSHIP

Check One: New Member to AO Returning Member

Membership Fees:

- Alumni Practicing.....\$185.00 (Plus Chapter Dues)
- Alumni Spouse.....\$95.00 (Plus Chapter Dues)
- Alumni Emeritus.....\$95.00 (Plus Chapter Dues)
- Alumni Non-Practicing.....\$41.00 (Plus Chapter Dues)

Please contact headquarters for your chapter dues rate.

METHOD OF PAYMENT

Enclosed please find my check as payment of my international fee **and** chapter dues.

Please charge my credit card for international fee 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 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: _____