

ALPHA OMEGA

INTERNATIONAL DENTAL FRATERNITY

STUDENT MEMBERSHIP APPLICATION

Thank you for becoming part of a dynamic, thriving global organization focused on professionalism, fraternalism, and a commitment to Judaic values.



**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

If you attend a school where there is an AO chapter, payment and application should be submitted to your chapter president or treasurer. Applications submitted to AO will be forwarded to your chapter's leadership.

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

TYPE OF MEMBERSHIP

Check One:

- Student member..... students enrolled in a dental or dental hygienist program. Chapter Dues + International Dues (\$25.00 USD)
- Non North American MembersPlease email membership@ao.org.

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 payment in U.S. funds, drawn on a U.S. bank. Please contact Sara Bustard, Membership Manager, at sbustard@ao.org or 484-425-9320 with any questions.

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)		

EDUCATIONAL INFORMATION

Dental School:	
Degree:	Year Graduated:
Post Graduate Training:	
Degree:	Year Graduated:
Specialty:	
Local and/or National Dental Society Membership(s):	
Where did you learn about Alpha Omega: <input type="checkbox"/> As a Student <input type="checkbox"/> Friend <input type="checkbox"/> Dental Magazine <input type="checkbox"/> Other	
For other, please explain:	

Signature: _____

Date: _____