



WORLD FEDERATION OF ORTHODONTISTS APPLICATION FOR STUDENT MEMBER

- I, _____, hereby apply to become a Student Member of the World Federation of Orthodontists (WFO) and agree to comply with its charter, Bylaws and policies.
First Name Middle Name Last Name list degree (optional)
- Home Address _____
City _____ State/Province _____ Zip Code _____ Country _____
Home Telephone # _____ Home Fax # _____
(Country Code) (City Code) (Telephone #) (Country Code) (City Code) (Fax #)
Personal E-mail address _____
- A. I am a citizen of _____ B. My date of birth is _____ C. Male or Female _____
(Country) (Month) (Day) (Year) (Circle one)
- I completed my pre-dental college education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
- I completed my dental education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
- I am currently enrolled as a post-graduate orthodontic student, in good standing, at _____
(Name of university, hospital, institution, etc. DO NOT ABBREVIATE)
located in _____
(City/State/Country)
- I will be a post-graduate orthodontic student for _____ years (not to exceed five years.) Student Membership is \$20 U.S. per year.
- Expected date of completion of orthodontic education: _____

I, the person named above, do swear under oath that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be a Student Member of the WFO. I also understand and agree that the WFO may investigate my qualifications. I further waive the right to hold the WFO, its affiliates, executive committee, officers, members and employee responsible for any damage as a result of the denial of this application or any other action taken by the WFO.

Applicant Signature _____ Date _____

Mandatory Certification/Verification for Student Membership

Certification of Enrollment

I hereby, do certify that the stated applicant is enrolled as a post-graduate orthodontic student at the stated institution, at which I am employed.

(Print name of dean, orthodontic department chairman or program director)

(Title)

(E-mail address)

(Signature of dean, orthodontic department chairman or program director)

(Date)

Verification of Eligibility

I, _____, President of the _____ have
(Print President's name) (Name of national or regional orthodontic organization)

examined the certification of post-graduate status in orthodontics of _____ and verify that
(Applicant's name)
he/she is eligible to become a Student Member of the World Federation of Orthodontists.

(President's signature)

(Date)

Student membership is 50% of WFO Fellowship dues, and includes a subscription to the WFO Gazette.

Payment

For your convenience you may choose your method of payment to be by Visa, MasterCard, check, or money order (payable in U.S. funds). Please return this completed form with the student membership fee in the amount of \$20.00 (U.S.) per year for the number of years stated below (not to exceed 5 years) to the address listed below.

Check one: One (1) Year Two (2) Years Three (3) Years Four (4) Years Five (5) Years **TOTAL \$** _____

Please mail the completed form and check or money order payable in U.S. funds to:

World Federation of Orthodontists
401 North Lindbergh Boulevard
St. Louis, Missouri 63141-7816
USA
Fax: +1-314-993-5208

Or, for your convenience you may use your MasterCard or Visa by completely filling out the bottom portion:

We do not accept American Express.

Check one: Visa MasterCard *The V Code is the last 3 digits in the number that appears in the signature box on your credit card.*

Account Number _____ / _____ / _____ / _____ V Code _____ Expiration Date _____
(Month & Year)

Signature _____

WFO LAPEL PIN

I would like to purchase a WFO Lapel Pin for \$25.00 U.S.

I have enclosed payment for the pin OR Please charge the Pin to my credit card as completed above.