



## WORLD FEDERATION OF ORTHODONTISTS APPLICATION FOR ACADEMIC MEMBER

This category of membership is for a non-orthodontist engaged in full-time education or research relating to orthodontics at an accredited institution as defined by a regional or national affiliate organization.

- I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, hereby apply to become an Academic 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)
- Principal Office Address: \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Office Telephone # \_\_\_\_\_ Office Fax # \_\_\_\_\_  
(Country Code) (City Code) (Telephone #) (Country Code) (City Code) (Fax #)  
E-mail address \_\_\_\_\_
- 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 \_\_\_\_\_
- I prefer to receive WFO correspondence at my  home or  office (check one)
- 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 college education at \_\_\_\_\_  
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)  
in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(City, Country) (Date) (Date)
- I completed my post-graduate education at \_\_\_\_\_  
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)  
in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(City, Country) (Date) (Date)
- I received the following post-graduate degrees \_\_\_\_\_  
\_\_\_\_\_  
(Date) (Date) (Date)
- My major area of emphasis is \_\_\_\_\_

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 an Academic 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby, do certify that the stated applicant is employed by \_\_\_\_\_ located in \_\_\_\_\_  
(Name of university or institution of higher learning)

\_\_\_\_\_ and is engaged in full-time teaching or research related to orthodontics.  
(City/State/Country)

\_\_\_\_\_  
(Print or type name of dean, orthodontic department chairman or orthodontic program director) \_\_\_\_\_ (Title) \_\_\_\_\_ (E-mail address)

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

I, \_\_\_\_\_, President of the \_\_\_\_\_ do  
(Print or type President's name) (Name of national or regional orthodontic organization)

verify that \_\_\_\_\_ is engaged in full-time teaching or research related to orthodontics,  
(Applicant's name)  
practices or teaches within the border or area of our organization's jurisdiction, and he/she is eligible to become an Academic Member of the World Federation of Orthodontists.

\_\_\_\_\_  
(President's signature) \_\_\_\_\_ (Date)

**Please return this form with the fellowship fee in the amount of \$184.00 (U.S.) for five (5) years or \$120.00 (U.S.) for three (3) years.**

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:  **Five (5) Year Academic Membership - \$184.00 (U.S.)**  **Three (3) Year Academic Membership - \$120.00 (U.S.)**

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.