



## WORLD FEDERATION OF ORTHODONTISTS APPLICATION FOR RETIRED FELLOW

- I, \_\_\_\_\_, hereby apply to become a Retired Fellow 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)
- I hereby certify that I am a retired member in good standing of the \_\_\_\_\_  
(Name of national or regional orthodontic organization)  
located in \_\_\_\_\_ which is an affiliated organization of the WFO.  
(Name of Country)
- 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 am currently a WFO Fellow and my membership number 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 a Retired Fellow 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.

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

I, \_\_\_\_\_, President of the \_\_\_\_\_ do  
(Name) (Name of national or regional orthodontic organization)  
hereby certify that the person named above is an orthodontic specialist and a retired member in good standing in our organization, and is eligible to become a Retired Fellow of the World Federation of Orthodontists.

\_\_\_\_\_  
(Signature) (Date) (Type or print name)

**Retired Fellowship dues are 50% of Active WFO dues without a *Gazette* subscription and they are 75% of Active WFO dues with a *Gazette* subscription.**

**Please return this form with the fellowship fee in the amount of \$60.00 (U.S.) for three (3) years without a *Gazette* subscription or \$90.00 (U.S.) for three (3) years with a *Gazette* subscription.**

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:  **Three (3) Year Fellowship without *Gazette* subscription - \$60.00 (U.S.)**

**Three (3) Year Fellowship with *Gazette* subscription - \$90.00 (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.