



WORLD FEDERATION OF ORTHODONTISTS APPLICATION FOR FELLOW

1. I, _____, hereby apply to become a 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)
2. I hereby certify that I am a 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)
3. 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 _____
4. 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 _____
5. I prefer to receive WFO correspondence at my home or office (check one)
6. A. I am a citizen of _____ B. My date of birth is _____ C. Male or Female
(Country) (Month) (Day) (Year) (Circle one)
7. I completed my pre-dental college education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
8. I completed my dental education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
9. I completed my orthodontic education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
10. List Orthodontic Degree or Certificate received _____ on _____
(Date)

11. Techniques (Check)

- Begg
 Crozat
 Edgewise and Variations
 Functional Appliance
 Lingual
 Universal
 Other

12. Write your name as you would like it to appear on the certificate of fellowship (Please print or type)

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 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 member in good standing in our organization, practices or teaches within the border or area of our organization's jurisdiction, and is eligible to become a Fellow of the World Federation of Orthodontists.

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

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 Fellowship** - \$184.00 (U.S.) represents 8% discount
 Three (3) Year Fellowship - \$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.