



# WFO Affiliation Application

## National | Regional

Applying as:  National\*  Regional\*\* organization of orthodontists

### organization

\_\_\_\_\_ hereby applies for affiliation with the WFO.  
*Name of applying Affiliation Organization*

Location \_\_\_\_\_ Date established \_\_\_\_\_

Our organization has considered and has approved the Bylaws of the World Federation of Orthodontists adopted at the constituting meeting of the World Federation of Orthodontists held in San Francisco, California, USA on May 15, 1995, revised April 30, 2000 and amended September 10, 2010, September 26, 2015 and June 2, 2019.

### officers' contact

The following two individuals have been appointed to represent our organization with the power to vote on our behalf on matters which are brought before the World Federation of Orthodontists.

**OFFICER IN SOCIETY (officer 1)**

Name \_\_\_\_\_

Office held \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**OFFICER IN SOCIETY (officer 2)**

Name \_\_\_\_\_

Office held \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

### additional items

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION:**

1. A copy of your society bylaws\*, in both English and your native language.
2. A list of the members of your society with their addresses.
3. The Regional application must include a list of your WFO affiliate member organizations.
4. Payment of the \$50 affiliation application fee in US funds.

\* *National organizations please note: the bylaws of a national organization must have a category of full membership that is only available to orthodontists. These orthodontist members must be educationally qualified and recognized to be orthodontists by local governing laws and/or the national association's bylaws. Members of this category must be entitled to all privileges of membership including the right to hold office and vote. Unless forbidden by applicable law, only this category of membership may hold office and vote.*

\*\* *Regional organizations please note: A WFO-affiliated regional organization must be comprised of 2 or more WFO-affiliated national organizations and all the member organizations must be WFO-affiliated national organizations. Please list all the WFO-affiliated national organizations in your regional organization on page 2 of this form or attach a printed list.*

**AFFILIATE ORGANIZATIONS WITH A PERMANENT ADDRESS, PLEASE PROVIDE CONTACT INFORMATION:**

Contact Name from applying affiliate organization \_\_\_\_\_

Society mailing address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Affiliate Tel \_\_\_\_\_ Affiliate Fax \_\_\_\_\_

Affiliate Email Address \_\_\_\_\_ Affiliate Website Address \_\_\_\_\_

**REGIONAL AND NATIONAL APPLICANTS/ORGANIZATIONS MUST SIGN BELOW**

As the official representative of the \_\_\_\_\_  
*Name of applying Affiliation Organization*

I submit this application for affiliation with the World Federation of Orthodontists, recognizing that the World Federation of Orthodontists imposes responsibilities and that affiliation, if granted, can be withdraw by the World Federation of Orthodontists. By my signature below,

I acknowledges its obligation to comply with the purpose and objectives of the World Federation of Orthodontists.

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

*Regional organizations please list all the national WFO-affiliated organizations in your association. If more room is required, please attach a printed list.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WFO AFFILIATE ORGANIZATION APPLICATION FEE:**  Credit Card\*\*\*  Check  Money Order  Cash (onsite only)

*This is a one-time application fee billed per application request.*

**WFO Regional Affiliate** applicant:  1-Year Fellowship **\$50** (U.S.)

**WFO National Affiliate** applicant:  1-Year Fellowship **\$50** (U.S.)

\*\*\* If paying by Credit Card please complete the following information:

Visa  Mastercard  American Express ACCT # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Security (V) Code \_\_\_\_\_

**WFO LAPEL BADGE/PIN:** (optional)  Please add a one-time **\$25** per pin to my payment to purchase WFO Lapel Pin/s \_\_\_\_\_

**RETURN COMPLETED APPLICATION & REQUESTED MATERIALS**

World Federation of Orthodontists  
 401 N. Lindbergh Blvd.  
 Saint Louis, MO 63141-7816, USA

Fax +1.314.985.1036

**QUESTIONS**

WFO Phone +1.314.993.5040  
 email WFO: wfo@wfo.org  
 website: https://www.wfo.org