



WFO Membership Reinstatement

Fellow | Student | Academic

I am applying for reinstatement for the following membership: WFO fellow WFO student member WFO academic member

contact

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Country of Citizenship _____ Gender: Male Female

You must complete the information below (MAIN OFFICE/TEACHING FACILITY or HOME) for contact purposes.

MAIN OFFICE/SCHOOL/TEACHING FACILITY effective date: _____

CURRENT RESIDENCE

Address _____

Address _____

Website: http:// _____

City _____

City _____

State/Province _____

State/Province _____

ZIP/Postal Code _____

ZIP/Postal Code _____ Country _____

Country _____

Phone _____

Land-line Phone _____

Fax _____

Mobile Phone _____

Email _____

Personal Email _____

I prefer to receive mail at this address Work Residence
I prefer to receive email at this email address Work Personal

education

(please spell out full name of schools clearly) _____

Dental School Attended _____ Degree _____ Date of Completion _____

Orthodontic School Attended _____ Degree _____ Date of Completion* _____

* If you are currently a student, list your expected date of completion.

College Attended (Academics only) _____ Degree/s _____ Date of Completion _____

Post-graduate University Attended _____ Degree/s _____ Date of Completion _____

Major Area of Emphasis _____

payment

WFO FEES: Credit Card** Check Money Order Cash (onsite only)

Amounts listed below are valid through December 31, 2022 unless otherwise noted.

WFO Fellow & Academic applicants: 5-Year Fellowship **\$230** (U.S.) 3-Year Fellowship **\$150** (U.S.) 1-Year Fellowship **\$120** (U.S.)

WFO Student applicants: 5-Year Student Member **\$105** (U.S.) 4-Year Student Member **\$80** (U.S.) 3-Year Student Member **\$55** (U.S.)
 2-Year Student Member **\$45** (U.S.) 1-Year Student Member **\$25** (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** to my payment to purchase a WFO Lapel Badge/Pin

member profile

Once you have received the confirmation email, please visit the WFO website at <https://www.wfo.org/membership/pay-my-dues/update-my-information/> and login to add your clinical techniques (if you are in clinical practice) and confirm your membership information.

WORLD FEDERATION OF ORTHODONTISTS OATH for FELLOW AND STUDENT MEMBER

I 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 WFO fellow or student member. 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 employees responsible for any damage as a result of the denial of this application or any other action taken by the WFO. I hereby agree to comply with the WFO Charter, Bylaws and Policies should I be approved for WFO reinstatement of membership.

Signature _____ Date _____

WFO FELLOW APPLICANTS (Please print except for signature)

Print your name as you want it to appear on the certificate of fellowship

National or regional orthodontic organization to which I belong

Country where organization located (must be affiliated organization of the WFO)

WFO Affiliate President's Name

WFO Affiliated National Organization to which I belong

I do hereby certify that the person named on this application 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.

President's Signature

Date

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE

WFO STUDENT APPLICANTS (Please print except for signature)

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

Name of dean, orthodontic department chair or program director

Title

Signature

Email address

WFO Affiliate President's Name

WFO Affiliated National Affiliated Organization to which I belong

I have examined the certification of post-graduate status in orthodontics of this applicant and verify that he/she is eligible to become a STUDENT MEMBER of the World Federation of Orthodontists.

President's Signature

Date

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE

Not required for reinstatement.

WORLD FEDERATION OF ORTHODONTISTS OATH for ACADEMIC MEMBER

I 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 WFO academic member. I am not an orthodontic specialist (orthodontist). 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 employees responsible for any damage as a result of the denial of this application or any other action taken by the WFO. I hereby agree to comply with the WFO Charter, Bylaws and Policies should I be approved for WFO reinstatement of membership.

Signature _____ Date _____

WFO ACADEMIC APPLICANTS (Please print except for signature)

I hereby certify that the applicant on this form is employed in full-time teaching or research related to orthodontics.

Name of dean, orthodontic department chair or program director

Title

Signature

Email address

WFO Affiliate President's Name

WFO Affiliated National Organization

I hereby certify that this applicant is engaged in full-time teaching or research related to orthodontics, practices or teaches within the border 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

Not required for reinstatement.

RETURN COMPLETED APPLICATION & REQUESTED MATERIALS

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

Fax +1-866-286-4213

QUESTIONS

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