



WFO Membership Application

Retired Fellow

I am applying to become a Retired Fellow of the World Federation of Orthodontists (WFO) and agree to comply with its charter, Bylaws and policies.

contact

First Name _____ Middle Name _____ Last Name _____

Birth Date _____ Country of Citizenship _____ Gender: Male Female

Current WFO Membership Number _____

HOME ADDRESS *Please complete the information below for contact purposes*

Address _____

City _____

State/Province _____

ZIP/Postal Code _____ Country _____

Phone _____
(Country Code) (City Code) (Telephone Number)

Fax _____
(Country Code) (City Code) (Telephone Number)

Personal Email _____

Alternate Email _____

WFO OATH for RETIRED FELLOW MEMBER

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 a qualified Fellow of the WFO and have been for the past 10 consecutive years. 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.

I agree to the above statement

Signature _____

Date _____

affiliation

WFO FELLOW MEMBERSHIP INFORMATION

I hereby certify that I am a retired orthodontic member in good standing from:

National or Regional Orthodontic Organization Name _____ (affiliate organization of the WFO)

Country of National or Regional Orthodontic Organization _____

payment

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

WFO fees are billed on the anniversary date of your original acceptance as a WFO member. If you wish to review your membership at this time, please select one of the options below.

WFO Retired Fellow applicants: *(Amounts listed below are valid through May 31, 2020 unless otherwise noted. Fees below are stated in U.S. dollar amounts.)*

5-Year Retired Fellowship **\$70**

**** 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 with retired fellow approval, please visit the WFO website and login to update your membership information at <https://www.wfo.org/membership/pay-my-dues/update-my-information/>

PRESIDENTIAL DECLARATION

WFO Affiliate President's Name _____

WFO Affiliated National Organization to which I belong _____

I do hereby certify that the person named above is recognized by our organization as an orthodontic specialist, is a retired member in good standing in our organization and is eligible to become a RETIRED FELLOW of the World Federation of Orthodontists.

President's Signature _____

Date _____ President's Email _____

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE

RETURN COMPLETED APPLICATION & REQUESTED MATERIALS

World Federation of Orthodontists Fax +1.866.286.4213
401 N. Lindbergh Blvd.
Saint Louis, MO 63141-7816, USA

QUESTIONS

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