



WFO Change of Society Application

Fellow | Academic

I am applying for a change of society to the following membership category: WFO fellow 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

degree

(please spell out full name of school clearly) _____

Name of Institution _____

Any New Degree Achieved _____ Date of Completion _____

Major Area of Emphasis _____

payment

WFO 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 renew your membership at this time, please select one of the options below.

Amounts listed below are valid through May 31, 2020 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.)

** 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 membership approval, 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 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 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 membership.

Signature _____ Date _____

WFO FELLOW APPLICANTS (Please print except for signature)

Print your name as it appears on your current 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	President's Email Address

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE

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 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 of Dean/Orthodontic Department Chair/Program Director

WFO Affiliate President's Name	
WFO Affiliated National Organization	
I verify 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
President's Email Address	

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>