



# WFO Membership Reinstatement

## Fellow | Student | Academic

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

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:

Address \_\_\_\_\_

Website: <http://> \_\_\_\_\_

City \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### CURRENT RESIDENCE

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

Country \_\_\_\_\_

Land-line Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

I prefer to receive mail at this address ☐ Work ☐ Residence

I prefer to receive email at this email address ☐ Work ☐ Personal

(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 \_\_\_\_\_

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

The usual re-instatement fee of \$75 will be waived until May 31, 2020.

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.)

**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

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 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 he/she 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 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

## 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

Email address

WFO Affiliate President's Name

WFO Affiliated National Organization to which I belong

I 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

## 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