

WFO Membership Application Student to Active

	First Name	Middle Name	Last I	Name
	Date of Birth	Country of Citizer	nship	Gender: Male Fem
	You must complete the information below (MAIN OFFICE/TEACHING FACILITY and HOME) for contact purposes.			
	MAIN OFFICE/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 Fax Email		Mobile Phone	
			I prefer to receive mail a	at this address Work Residence
	(please spell out full name of schools clearly)		I prefer to receive email	at this email address $\ \square$ Work $\ \square$ Pers
	Dental School Attended		Degree	Date of Completion
	Orthodontic School Attended		Degree	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)			
	WFO fees are billed on the anniversary date of your original acceptance as a WFO member. Student membership will automatically terminate up graduation or upon termination of status as a student in an orthodontic program without satisfactory completion.			
	Amounts listed below are valid through May 31, 2020 unless otherwise noted.			
	Applicants:			
** If paying by Credit Card please complete the following information: \[\subseteq \text{Visa} \subseteq \text{Mastercard} \subseteq \text{American Express} ACCT #				
Name on Card Card Security (V) Code				
	WFO LAPEL BADGE/PIN: (optional)			

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.

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Certification/Verification/Declaration

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 hearby 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) WFO Affiliate President's Name Print your name as you want it to appear on the certificate of fellowship WFO Affiliated National Organization to which I belong National or regional orthodontic organization to which I belong I do hereby certify that the person named on this application is Country where organization located (must be affiliated organization of the WFO) an orthodontic specialist and a member in good standing in our organization, is illegible to practice or teache within the border or area of our organization's jurisdiction, and is eligible to become a FELLOW of the World Federation of Orthodontists. PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE President's Signature Date President's Email 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