



**ACADEMY OF OSSEOINTEGRATION
APPLICATION FOR
INTERNATIONAL AFFILIATE MEMBERSHIP**

85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005
Phone: (847) 439-1919 or (800) 656-7736
FAX: (847) 427-9656
Email: membership@osseo.org Website: www.osseo.org

Promotional Code:

Please complete the following application in English and submit with the supporting documents.

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

NAME

First	Middle Initial	Last	Degrees <input type="radio"/> Female <input type="radio"/> Male
		Date of Birth	Gender

SPECIALTY (Check One)

- | | |
|--|---|
| <input type="radio"/> Dental Public Health | <input type="radio"/> Oral Max. Surgery |
| <input type="radio"/> Endodontics | <input type="radio"/> Orthodontics & Dentalfacial Orthopedics |
| <input type="radio"/> General Practice | <input type="radio"/> Pediatric Dentistry |
| <input type="radio"/> Oral Max. Pathology | <input type="radio"/> Periodontics |
| <input type="radio"/> Oral Max. Radiology | <input type="radio"/> Prosthodontics |

AFFILIATION

- I am a member of:
- Asia Pacific Society of Osseointegration
 - Taiwan Academy of Osseointegration

PRIMARY OFFICE/SCHOOL ADDRESS

Office/School Name		
Address (Include room, suite, etc.)		
Address		
City	State/Province	Zip/Postal Code
Country	Phone (include country code)	Fax (include country code)
E-Mail Address (REQUIRED)	Website	

HOME ADDRESS

Address (include Apt. #, etc.)		
Address		
City	State/Province	Zip/Postal Code
Country	Phone (include country code)	Fax (include country code)
E-Mail Address (REQUIRED if no office e-mail address)		

I WISH TO HAVE MY MAIL SENT TO: (check one) OFFICE ADDRESS HOME ADDRESS

(continues next page)

EDUCATION

Dental School	Beginning Year / End Year	Degree
Post-Graduate Clinical Training (School)	Beginning Year / End Year	Degree/Certified
Graduate School Advanced Degree (School)	Beginning Year / End Year	Degree
If you are currently a student, when will you graduate?	Beginning Year / End Year	Degree (student letter required)*

FEE

\$250 – includes one-year subscription to *JOMI* and *AO News*.

PAYMENT

Payment is accepted via Visa, MasterCard or American Express.

VISA MASTERCARD AMERICAN EXPRESS

Card Number	Expiration Date	Security Code
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Name (as it appears on the card)

- I hereby certify that all information recorded on the application and any attached documents are accurate and support my qualifications for membership in AO for which I now apply and authorize payment for such membership.**
- I agree to receive AO updates, announcements, news and promotions by mail and email.**

Type Name

Date

YOU WILL BE NOTIFIED VIA EMAIL WHEN YOUR APPLICATION HAS BEEN PROCESSED