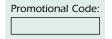


ACADEMY OF OSSEOINTEGRATION APPLICATION FOR INTERNATIONAL AFFILIATE MEMBERSHIP

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



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 Female Male	
		Date of Birth	Gender	
SPECIALTY (Check One)			AFFILIATION	
Dental Public HealthEndodonticsGeneral PracticeOral Max. PathologyOral Max. Radiology	Endodontics Orthodontics & Der General Practice Pediatric Dentistry Oral Max. Pathology Periodontics		 I am a member of: Asia Pacific Society of Osseointegration Taiwan Academy of Osseointegration 	
PRIMARY OFFICE/SCH	OOL ADDRESS			
Office/School Name				
Address (Include room, suite,	, etc.)			
Address				
City	State/Province Zip/Post		Zip/Postal Code	
Country		Phone (include country code)	Fax (include country code)	
E-Mail Address (REQUIRED)	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 I	HAVE MY MAIL SENT TO: (chec	k one) OFFICE ADDRES	S OHOME ADDRESS	

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 <i>JOMI</i> and <i>AO News</i> .		
PAYMENT		
Payment is accepted via Visa, MasterCard or American Express.		
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS		
Card Number	Expiration Date	Security Code
Name (as it appears on the card)		
I hereby certify that all information recorded on t accurate and support my qualifications for member payment for such membership.		
☐ I agree to receive AO updates, announcements, n	ews and promotions by m	ail and email.
Type Name	Date	

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