



Application for American Association of Orthodontists Membership

I, _____, hereby apply for the following (mark only one box below)

- Active
 Affiliate
 Student
 Service
 International
 Academic (foreign-trained)
- (see reverse for a list of qualifications for each member classification)

membership in the American Association of Orthodontists and agree to comply with its Bylaws and to adhere to its pledge which I have read and signed on the reverse side of this application.

Date _____ Signature _____

Main office or teaching facility

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Effective date for this address _____ Please send AJO/DO and correspondence to: Home Office

Home

Address _____ Spouse's Name _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Satellite office

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Date and place of birth _____ Gender: Male Female

Dental school _____ Degree _____ Date of completion _____

Orthodontic education received at _____ Degree _____ Date of completion _____

(Copy of degree or certificate verifying completion of orthodontic program must accompany application. If you are currently a student, list your expected date of completion and send a letter from your school verifying your full-time student status.)

Military service (service applicants only)

- Army
 Navy
 Air Force
 Marine Corps
 Coast Guard
 US Public Health Service
 Veterans Administration

Rank _____ Dates of service _____

Other

Are you a member of the American Dental Association? (ADA membership is required if permanent U.S. resident) Yes No

ADA member # _____ (please enclose a copy of your ADA membership card)

If you are a student who is a permanent resident of Canada, check here for a free membership in the Canadian Association of Orthodontists.

Are you a member of the World Federation of Orthodontists (international applicants only)? Yes No WFO # _____

Has your dental license ever been suspended? Yes No

Have you ever been convicted of a felony or a crime involving moral turpitude? Yes No

Have you ever been found guilty, either by conviction or admission, of any offense involving the illegal distribution of narcotics? Yes No

PLEASE NOTE: A copy of your ADA membership card (if you are a permanent U.S. resident.), a copy of your orthodontic degree or certificate (or a letter from your department chair verifying full-time student status at an ADA or Canadian accredited orthodontic program), and membership application fee or first year's dues must accompany this application. We cannot process incomplete applications. Incomplete applications will be returned to the applicant.

If you wish to pay your application fee and/or dues with credit card, please complete the credit card information on the back of application.

Please see reverse side of application for pledge and requirements for membership in the American Association of Orthodontists.

PLEDGE OF THE AMERICAN ASSOCIATION OF ORTHODONTISTS

The American Association of Orthodontists seeks to exemplify, enforce and promote the highest traditions in the practice of orthodontics.

In making this application, I agree that the American Association of Orthodontists may investigate my qualifications.

I, therefore, pledge myself, as a condition of membership in the Association, to live in strict accordance with all its principles, declarations and regulations, as presented in the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* of the American Association of Orthodontists which I have received and read.

Date _____ Signature _____

According to the AAO Bylaws, all members must:

- sign a pledge to adhere to the Principles of Ethics of this Association,
- be members in good standing of the ADA if permanent residence is in the United States or one of its possessions. Full-time faculty members are exempt from this requirement.

Additional requirements are listed below:

ACTIVE MEMBERS must have successfully completed the full curriculum of an accredited orthodontic program* and must be in the exclusive practice of orthodontics. Multi-trained specialists (educationally qualified in more than one recognized dental specialty and limits dental practice to those specialty areas) are exempt from this requirement.

AFFILIATE MEMBERS must have successfully completed the full curriculum of an accredited orthodontic program* and must NOT be in the exclusive practice of orthodontics.

STUDENT MEMBERS must be enrolled as a full-time student in an accredited orthodontic program or have completed the full curriculum of an accredited orthodontic program* and be enrolled as a full-time student in an advanced educational program at an accredited educational institution. Student membership will automatically terminate upon graduation or upon termination of status as a student in an orthodontic program without satisfactory completion.

SERVICE MEMBERS must have successfully completed the full curriculum of an accredited orthodontic program.* Service members must also be a military or civilian full-time employee of the United States or Canadian government.

INTERNATIONAL MEMBERS must have successfully completed the full curriculum of an accredited orthodontic program* OR be a Fellow (member) in good standing of the World Federation of Orthodontists (WFO). An international member must be a member in good standing of a dental and orthodontic organization if such exists in his/her own country at the time of application for membership. An international member must be engaged in the practice of orthodontics or employed as a university instructor in orthodontics outside the territorial jurisdictions of the United States and Canada.

ACADEMIC MEMBERS (foreign-trained) must have successfully completed the full curriculum of an orthodontic program outside the U.S. and Canada and must be employed full time (at least 4 days per week teaching or research) in an orthodontic program accredited by the Commission on Dental Accreditation of the American Dental Association. Employment must be certified annually by the dean of the dental school. Academic membership status shall automatically terminate upon either the election to Active or Affiliate membership OR termination of full-time employment in an accredited orthodontic program.

* "Accredited orthodontic program," as used above means those advanced specialty education programs in orthodontics that are accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission on Dental Accreditation of Canada.

All dues are for the fiscal year June 1 - May 31.

If you wish to pay the membership application fee or dues with credit card (amounts are listed below), please complete the following:

VISA MASTERCARD AMEX ACCT#: _____ V code _____

EXP DATE _____ SIGNATURE _____

- Student applicants will be charged \$20 for the first year's dues
- Active, Affiliate, Service, International and Academic applicants (Foreign-Trained) will be charged \$30 for the application fee. An invoice will be sent for the first year's dues upon election to membership.

RETURN COMPLETED APPLICATION AND REQUESTED MATERIALS TO:

American Association of Orthodontists
401 North Lindbergh Blvd.
St. Louis, MO 63141-7816
Fax 314-993-6992

QUESTIONS?

Call: (800) 424.2841, ext. 218 or 314.993.1700, ext. 218

E-mail: membership@aaortho.org

Online: www.braces.org/healthcareprofessionals/orthodontists/new_member.cfm