

# ALPHA OMEGA

INTERNATIONAL DENTAL FRATERNITY



## STUDENT AND STUDENT ASSOCIATE MEMBERSHIP APPLICATION

Thank you for becoming part of a dynamic, thriving global organization focused on professionalism, fraternalism, and a commitment to Judaic values.

**Alpha Omega International Dental Fraternity  
International Office**  
50 W. Edmonston Drive #206  
Rockville, MD 20852

**Phone: 301-738-6400**  
**TF: 877-368-6326**  
Fax: 301-738-6403  
E-mail: [membership@ao.org](mailto:membership@ao.org)

## DUES

**\*DUES COVER JULY 1, 2016 - JUNE 30, 2017**

## TYPE OF MEMBERSHIP

- Check One:  New Member to AO  Returning Member
- Student.....Chapter Dues + International Dues (\$25.00 USD)
- Non North American Members .....Please Call Headquarters

## METHOD OF PAYMENT

- Enclosed please find my check in the amount of \$\_\_\_\_\_.
- Please charge my credit card \$\_\_\_\_\_.
- Visa  MasterCard  American Express
- Account Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CSC \_\_\_\_\_

**Please make your payment in U.S. funds, drawn on a U.S. bank.**

After returning the form, You will receive official membership confirmation and welcome packet from Sara Bustard, Membership Manager. Please contact Sara at [sbustard@ao.org](mailto:sbustard@ao.org) or 484-425-9320.

Please complete all information below.

## PERSONAL INFORMATION

Name: (Last)	(First)	(MI)
Maiden Name: (If applicable)		
Home Address:		
Home Phone:	Home Fax:	
E-Mail Address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Citizen of: (Country)		
Spouse's Name: (If applicable)		

## EDUCATIONAL INFORMATION

Dental School:	
Degree:	Year Graduated:
Post Graduate Training:	
Degree:	Year Graduated:
Specialty:	
Local and/or National Dental Society Membership(s):	
Where did you learn about Alpha Omega: <input type="checkbox"/> As a Student <input type="checkbox"/> Friend <input type="checkbox"/> Dental Magazine <input type="checkbox"/> Other	
For other, please explain:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_