



**Step
1**

Fill in the fields below

To begin your application, fill in all the fields below. **Please note, for security reasons, your name is required on each page. Once you type it below, it should appear on each page. If it does not, please re-enter it on all pages.**

You cannot save this document unless you have Adobe Pro or Adobe Standard 9 or later. Once you have completed all the fields, follow the instructions in step 2 and 3 to complete your application. **For your security, all financial information in step 3 must be entered in writing only** and the form printed and faxed to our secure line (**314-985-1036**) or it may be mailed.

1. I, _____ hereby apply to become a Fellow of the
First Name Middle Name Last Name list degrees (optional)
World Federation of Orthodontists (WFO) and agree to comply with its charter, Bylaws and policies.
2. I hereby certify that I am a member in good standing of the _____
(Name of national or regional orthodontic organization)
 located in _____ which is an affiliate organization of the WFO.
(Name of Country)
3. Principal Office Address _____
 City _____ State/Province _____ Zip Code _____ Country _____
 Office Telephone # _____ Office Fax # _____
(Country Code) (City Code) (Telephone #) (Country Code) (City Code) (Fax #)
 E-mail address _____ Website address _____
4. Home Address _____
 City _____ State/Province _____ Zip Code _____ Country _____
 Home Telephone # _____ Home Fax # _____
(Country Code) (City Code) (Telephone #) (Country Code) (City Code) (Fax #)
 Personal E-mail address _____
5. I prefer to receive WFO correspondence at my home or office (check one)
6. A. I am a citizen of _____ *B. My date of birth is _____ *C. Male or Female
(Country) (Month) (Day) (Year) (check one)
7. I completed my dental college education at _____
(Name of university, hospital, institution etc. DO NOT ABBREVIATE)
 in _____ from _____ to _____
(City, Country) (Month) (Year) (Month) (Year)
 Degree obtained: _____
8. I completed my orthodontic education at _____
(Name of university, hospital, institution etc. DO NOT ABBREVIATE)
 in _____ from _____ to _____
(City, Country) (Month) (Year) (Month) (Year)
9. List Orthodontic Degree or Certificate received _____ on _____
(Month) (Year)

First Name

Middle Name

Last Name

10. Techniques *(Check all that apply)*

- Begg Clear Removable Aligners Crozat Edgewise (Pre-adjusted) Edgewise (Standard) Functional Appliances
 Lingual Self Ligating Temporary Anchorage Devices (TADs) Twin Wire Universal Ribbon Arch
 Slot size regularly used .018 .022 Other slot size accepted .018 .022

11. Type your name as you would like it to appear on the certificate of fellowship

I, the person named above, do 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 Fellow of the WFO. 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 employee responsible for any damage as a result of the denial of this application or any other action taken by the WFO.

I agree to the above statement Date _____

Step 2

Print This Form

Print all pages of this form.

You will require a printed copy in Step 3 in order have the President of your affiliate organization fill in the relevant section and sign the form and for you to fill in your financial information and sign the form.

If you have Adobe Pro or other version that will allow saving of this and wish to speed up your application process, you may save this file and send it as an attachment to wfo@wfo.org

Step 3

Signatures and Choose a Payment Option

1. On the next page: please complete:
 - a. your signature and the date
 - b. the Presidential Declaration and have the President of your affiliate organization sign the declaration
2. To finalize your application, please choose a payment option and return the signed form by mail or secure fax with the fellowship fee in the amount of \$184.00 (U.S.) for five (5) years or \$120.00 (U.S.) for three (3) years or \$40.00 (U.S.) for one (1) year.

Either mail the completed form and payment (check or money order payable in U.S. funds) to:
World Federation of Orthodontists
401 North Lindbergh Boulevard
St. Louis, Missouri 63141-7816 USA

or, for your convenience you may pay by MasterCard or Visa. We do not accept American Express. To pay by credit card, complete the next page and Fax all pages of the completed and **signed** form to Fax # **314-985-1036**. This is a secure fax line.

Please note: the information below cannot be filled in online. You must print this form, fill in the following information on the printed form and return the form by fax or mail.

However, if you have Adobe Pro and wish to speed up your application process, you may save this file (with your completed data above) to your desktop and send it as an attachment to wfo@wfo.org.

First Name

Middle Name

Last Name

Applicant Signature _____ Date _____

President Declaration (must be filled in on the printed copy)

I, _____, President of the _____ do
(Name) (Name of national orthodontic organization)

hereby certify that the person named in this application is recognized by our organization as an orthodontic specialist, is a member in good standing in our organization, practices or teaches within the border or area of our organization's jurisdiction, and is eligible to become a Fellow of the World Federation of Orthodontists.

_____, _____, _____
(President Signature) (Date) (Type or print name)

First Name _____

Middle Name _____

Last Name _____



WORLD FEDERATION OF ORTHODONTISTS ONLINE APPLICATION FOR FELLOW

Purchase a WFO Lapel Pin

I would like to purchase a WFO Lapel Pin for \$25.00 U.S.

I have enclosed payment for the pin

OR

Please charge the Pin to my credit card as completed below

Credit Card Payment

Fax all pages of this application to: **314-985-1036**

Check one: Five (5) Year Fellowship - \$184.00 (U.S.) represents 8% discount

Three (3) Year Fellowship - - \$120.00 (U.S.)

One (1) Year Fellowship - - \$40.00 (U.S.)

I would like to purchase a WFO Lapel Pin for \$25.00 U.S

Check one: Visa

MasterCard

The V Code is the last 3 digits in the number that appears in the signature box on your credit card

Name on card _____

Account Number _____ / _____ / _____ / _____ V Code _____ Expiration Date _____
(Month) (Year)

For your security all financial information cannot be sent by e-mail. This section must be completed on the printed copy and either faxed to our secure fax number above or mailed.