



WORLD FEDERATION OF ORTHODONTISTS ONLINE APPLICATION FOR STUDENT MEMBER

**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. 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
First Name Middle Name Last Name list degrees (optional)

Student Member of the World Federation of Orthodontists (WFO) and agree to comply with its charter, Bylaws and policies.

2. 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 _____

3. A. I am a citizen of _____ B. My date of birth is _____ C. Male or Female
(Country) (Month) (Day) (Year) (check one)

4. I completed my pre-dental college education at _____
(Name of university, hospital, institution etc. DO NOT ABBREVIATE)

in _____ from _____ to _____
(City, Country) (Month) (Year) (Month) (Year)

5. 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)

6. I am currently enrolled as a post-graduate orthodontic student, in good standing, at _____
(Name of university, hospital, institution etc. DO NOT ABBREVIATE)

in _____
(City, State, Country)

7. I will be a post-graduate student for _____ years (not to exceed five (5) years.) Student Membership is \$20 U.S. per year

8. Expected date of completion of orthodontic education: _____
(Month) (Year)

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 Student Member 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 _____

First Name

Middle Name

Last Name

Step
2

Print This Form

Print all pages of this form.

You will require a printed copy in Step 3 in order to have the Dean, orthodontic department or orthodontic program director where you are enrolled and the President of your affiliate organization sign the form.

If you have Adobe Pro 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 Certification of Enrollment and have the Dean, orthodontic department chairman or orthodontic program director where you are enrolled sign it
 - c. the Verification of Eligibility and have the President of your affiliate organization sign it
2. To finalize your application, please choose a payment option and return the signed form by mail or secure Fax with the fellowship fee. Student membership is 50% of the WFO Fellowship dues, and includes a subscription to the WFO Gazette.

The student membership fee is \$20.00 per year for the number of years stated below (not to exceed 5 years).

Check one: One (1) Year Two (2) Years Three (3) Years Four (4) Years Five (5) Years

TOTAL \$ _____

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 _____

Mandatory Certification/Verification for Student Membership

Certification of Enrollment

I hereby, do certify that the stated applicant is enrolled as a post-graduate orthodontic student at the stated institution, at which I am employed.

(Name of dean, orthodontic department chairman or orthodontic program director)

(Title)

(E-mail address)

(Signature of dean, orthodontic department chairman or orthodontic program director)

(Date)

Verification of Eligibility

I, _____, President of the _____ have
(President's Name) (Name of national orthodontic organization)

Examined the certification of the post-graduate status in orthodontics of _____, and verify that
(Applicant's Name)

he/she is eligible to become a Student Member of the World Federation of Orthodontists.

(President's Signature)

(Date)

First Name _____

Middle Name _____

Last Name _____



WORLD FEDERATION OF ORTHODONTISTS ONLINE APPLICATION FOR STUDENT MEMBERSHIP

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 of Dues

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

Check one: One (1) Year Two (2) Years Three (3) Years Four (4) Years Five (5) Years TOTAL \$ _____

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.