



# ACADEMY OF OSSEOINTEGRATION APPLICATION FOR 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



Promotional Code:

- Active (\$595\*)**     **Affiliate (\$150)**     **Associate (\$100\*\*)**     **Student (\$95)**

Please complete the following application and submit with the supporting documents to the AO Executive Office.

**PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

## NAME

|                              |                |               |                              |                            |
|------------------------------|----------------|---------------|------------------------------|----------------------------|
| First                        | Middle Initial | Last          | Degrees                      |                            |
|                              |                |               | <input type="radio"/> Female | <input type="radio"/> Male |
| NPI Number (US members only) |                | Date of Birth | Gender                       |                            |

## SPECIALTY/AFFILIATION (Check One)

- |  |  |   |  |
|--|--|---|--|
| <input type="radio"/> Dental Public Health | <input type="radio"/> Oral Max. Surgery                      | <input type="radio"/> Prosthodontics    | <input type="radio"/> Office Personnel         |
| <input type="radio"/> Endodontics          | <input type="radio"/> Orthodontics & Dentofacial Orthopedics | <input type="radio"/> Dental Technician | <input type="radio"/> Research Technician      |
| <input type="radio"/> General Practice     | <input type="radio"/> Pediatric Dentistry                    | <input type="radio"/> Nurse             | <input type="radio"/> Corporate Technical Rep. |
| <input type="radio"/> Oral Max. Pathology  | <input type="radio"/> Periodontics                           | <input type="radio"/> Dental Hygienist  | <input type="radio"/> Other                    |
| <input type="radio"/> Oral Max. Radiology  |  | <input type="radio"/> Dental Assistant  |  |

## PRIMARY OFFICE/SCHOOL ADDRESS

|                                     |                              |                            |
|-------------------------------------|------------------------------|----------------------------|
| Office/School Name                  |                              |                            |
| Address (Include room, suite, etc.) |                              |                            |
| Address                             |                              |                            |
| City                                | State/Province               | Zip/Postal Code            |
| Country                             | Phone (include country code) | Fax (include country code) |
| E-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 HAVE MY MAIL SENT TO: (check one)     OFFICE ADDRESS     HOME ADDRESS

\*Active Membership includes a \$100 application fee.  
\*\*Associate Members must reside in countries with a Purchase Price Parity per Capita of less than \$15,000. See AO website for list of eligible countries.

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## 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)* |

### HAVE YOU ENCLOSED THE FOLLOWING?

- A Completed Application Form.
- Active/Associate Membership:** A photocopy of your dental license, specialty certificate, diploma or board certification.
- Student Membership:** A letter in English on official letterhead from your program director indicating start date and anticipated date of graduation.
- Payment **Active:**
- North America: \$595 (\$495 + \$100 application fee) – Includes 1-year subscription to *JOMI* and *AO News*.
  - North America: Pay two years of membership dues and save \$100! (\$990).
  - Outside North America: \$635 (\$495 + \$100 Application fee + \$40 Air Mail Charge). Includes 1-year subscription to *JOMI* and *AO News*.
  - Outside North America: Pay two years of membership dues and save \$100! (\$1,070).
- Affiliate:**
- North America: \$150 (No application fee) – Includes 1-year subscription to *AO News*.
  - North America: \$220 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*.
  - Outside North America: \$150 (No application fee) – Includes 1-year subscription to *AO News*.
  - Outside North America: \$260 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*. (\$220 + \$40 Air Mail Charge).
- Associate:**
- \$100 (No application fee) – Includes 1-year online subscription to *JOMI* and *AO News*.
- Student:**
- North America: \$95 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*.
  - Outside North America: \$135 (No application fee) – Includes 1-year subscription to *JOMI* and *AO News*. (\$95 + \$40 Air Mail Charge).

### PAYMENT METHOD

Payment is accepted via check drawn on a U.S. bank, Visa, MasterCard or American Express.

- CHECK ENCLOSED: Check # \_\_\_\_\_  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 the application and any attached documents are accurate and support my qualifications for membership in AO for which I now apply and authorize payment for such membership.**
- I agree to receive AO updates, announcements, news and promotions by mail and email.**

Type Name \_\_\_\_\_

Date \_\_\_\_\_

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