ACADEMY OF OSSEOINTEGRATION
APPLICATION FOR MEMBERSHIP

85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005
Phone: (847) 439-1919 or (800) 656-7736
Email: membership@osseo.org Website: www.osseo.org

Promotional Code/Referred by:

◯ **Active ($595*)** ◯ **Faculty ($350*)** ◯ **Affiliate ($150)** ◯ **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
			◯ Female ◯ Male
NPI Number (US members only)		Date of Birth	Gender

SPECIALTY/AFFILIATION (Check One)

- ◯ Dental Public Health
- ◯ Endodontics
- ◯ General Practice
- ◯ Oral Max. Pathology
- ◯ Oral Max. Radiology
- ◯ Oral Max. Surgery
- ◯ Orthodontics & Dentalfacial Orthopedics
- ◯ Pediatric Dentistry
- ◯ Periodontics
- ◯ Prosthodontics
- ◯ Dental Technician
- ◯ Nurse
- ◯ Dental Hygienist
- ◯ Dental Assistant
- ◯ Office Personnel
- ◯ Research Technician
- ◯ Corporate Technical Rep.
- ◯ Other

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 and Faculty Membership includes a non-refundable $100 application fee.

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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 Membership:** A photocopy of your dental license, specialty certificate, diploma or board certification.

☐ **Faculty Membership:** A photocopy of your dental license, specialty certificate, diploma or board certification along with a letter on university letterhead from your immediate supervisor stating your beginning and end date of your current full-time faculty term.

☐ **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, IJPRD* 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).

Faculty

◯ North America: $450 ($350 + $100 application fee) – include 1-year subscription to *JOMI, IJPRD* and *AO News*.

◯ Outside North America: $490 ($350 + $40 Airmail Charge + $100 application fee) – Includes 1-year subscription to *JOMI, IJPRD* and *AO News*.

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).

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