

Application for Student Membership



First Name _____ Middle _____ Last _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Mobile _____ E-mail _____

Date and place of birth _____ Gender: Male Female

Dental school _____ Degree _____ Date of completion _____

Orthodontic school _____ Degree _____ Expected completion date _____

ADA Member Number (ADA membership required for permanent US residents) _____

If you are a student who is a permanent resident of Canada, check here for a free membership in the Canadian Association of Orthodontists.

PLEDGE OF THE AMERICAN ASSOCIATION OF ORTHODONTISTS

The American Association of Orthodontists seeks to exemplify, enforce and promote the highest traditions in the practice of orthodontics.

In making this application, I agree that the American Association of Orthodontists may investigate my qualifications.

I, therefore, pledge myself, as a condition of membership in the Association, to live in strict accordance with all its principles, declarations and regulations, as presented in the Bylaws and the Principles of Ethics and Code of Professional Conduct of the American Association of Orthodontists which I have received and read.

Date _____ Signature _____

Annual Dues Additional requirements are listed below

\$30 STUDENT MEMBERS must be accepted and/or enrolled as a full-time student in an accredited orthodontic program or have completed the full curriculum of an accredited orthodontic program* and be enrolled as a full-time student in an advanced educational program at an accredited educational institution or have completed an orthodontic program outside of the U.S. or Canada and be enrolled as a full-time student in an advanced educational program at an accredited educational institution OR be engaged full-time in formal fellowship training Student membership will automatically terminate upon graduation or upon termination of status as a student in an orthodontic program without satisfactory completion.

* "Accredited orthodontic program," as used above means those advanced specialty education programs in orthodontics that are accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission on Dental Accreditation of Canada.

\$30 membership dues are for the June 2019 - May 2020 membership year.

VISA MASTERCARD AMERICAN EXPRESS Credit Card #: _____ CVV # _____

Exp. Date _____ Name on Card _____

RETURN COMPLETED APPLICATION TO:

American Association of Orthodontists
401 North Lindbergh Blvd.
St. Louis, MO 63141-7816

Fax 314.997.1745
membership@aaortho.org

QUESTIONS:

Call: 800.424.2841, option 4 or 314.993.1700

E-mail: membership@aaortho.org

Apply Online <https://www1.aaoinfo.org> > then click "Join"