



WORLD FEDERATION OF ORTHODONTISTS APPLICATION FOR STUDENT MEMBER

- I, _____, hereby apply to become a Student Member of the World Federation of Orthodontists (WFO) and agree to comply with its charter, Bylaws and policies.
(Print or type full name including degree)
- 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 _____
- A. I am a citizen of _____ B. My date of birth is _____ C. Male or Female
(Country) (Month) (Day) (Year) (Circle one)
- I completed my pre-dental college education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
- I completed my dental education at _____
(name of university, hospital, institution, etc. DO NOT ABBREVIATE)
in _____ from _____ to _____
(City, Country) (Date) (Date)
- I am currently enrolled as a post-graduate orthodontic student, in good standing, at _____
(Name of university, hospital, institution, etc. DO NOT ABBREVIATE)
located in _____.
(City/State/Country)
- I will be a post-graduate orthodontic student for _____ years (not to exceed five years.) Student Membership is \$20 U.S. per 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.

Applicant Signature _____ Date _____

