



# STUDENT MEMBERSHIP APPLICATION

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Fraternity

**\*DUES COVER JULY 1, 2014 – JUNE 30, 2015**

### TYPE OF MEMBERSHIP:

Check One:  New Member to AO  Returning Member

Membership Dues: **(\$115.00)**

- Student .....Chapter Dues + International Dues (\$18.00 USD)
- Non North American Members Please call headquarters

### PAYMENT:

Enclosed please find my check in the amount of \$   \$133.00  .

**Please make your payment in U.S. funds, drawn on a U.S. bank.**

T-shirt size: \_\_\_\_\_



Thank you for becoming part of a dynamic, thriving global organization focused on professionalism, fraternalism, and a commitment to Judaic values.

**Alpha Omega International Dental Fraternity  
International Office**  
50 W. Edmonston Drive #303  
Rockville, MD 20852

**Phone: 301-738-6400  
TF: 877-368-6326**  
Fax: 301-738-6403  
E-mail: [hweber@ao.org](mailto:hweber@ao.org)

**Thank you for becoming an AO member!**

**Please complete all information below.**

**PERSONAL INFORMATION:**

Name: (Last)	(First)	(MI)
Maiden Name: (If applicable)		
Home Address:		
Home Phone:	Home Fax:	
E-Mail Address:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Citizen of: (Country)		
Spouse's Name: (If applicable)		

**EDUCATIONAL INFORMATION:**

Dental School:	
Degree:	Year Graduated:
Post Graduate Training:	
Degree:	Year Graduated:
Specialty:	
Local and/or National Dental Society Membership(s):	
Where did you learn about Alpha Omega: <input type="checkbox"/> As a Student <input type="checkbox"/> Friend <input type="checkbox"/> Dental Magazine <input type="checkbox"/> Other	
For other, please explain:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_