

The Western Society of Oral and Maxillofacial Surgeons

Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah, Washington

MEMBERSHIP APPLICATION

I hereby make applications for Active ___ Resident ___ Affiliate ___ (check one) membership in the Western Society of Oral and Maxillofacial Surgeons. If accepted, I will obey the Constitution and Bylaws of the Society and will attend and contribute in the annual meetings.

Note: For Active and Affiliate memberships, please include dues of \$150.00 and (if applicable) the voluntary contribution of \$25.00

There are no dues for Resident members. Please include a letter from the OMS Program Director attesting your current Resident Status.

Full Name: _____ Degree: _____

Mailing Address: _____

City, State, Zip _____

Office Phone: _____ E-mail: _____

Pre-Dental Education: _____
(College or University/Graduation Date/Degree)

Dental Education: _____
(School/Graduation Date/Degree)

OMS Training: _____
(Location/Date)

State Licensures: _____

Are you a member of your State Society? _____

Are you a diplomate of ABOMS? _____ Date: _____

Are you a member of AAOMS? _____ Date: _____

Type of Practice: Solo ___ Group ___ Military ___ Teaching ___ Other _____

With/or Where? _____
(List)

I hereby with my signature pledge myself as a condition of membership in the Western Society of Oral and Maxillofacial Surgeons, to pursue my calling with strict regard for the ethics of my profession; to place the welfare of my patients above all else; to endeavor constantly, to advance in knowledge by study, interchange of thought, and attendance at clinics and association meetings to regard scrupulously the interests of my professional colleagues and render willing to help them.

Signature

Date