



Western Society of Oral and Maxillofacial Surgeons

District VI

Western Society of Oral and Maxillofacial Surgeons, WSOMS
1737 Edgewater Lane, Bellingham, WA 98226; Phone: (360) 389-5221; Fax: (360) 392-8377
Email: info@wsoms.org www.wsoms.org

2018 Membership Application

Membership fee: \$175 per year.

New or lapsed members please submit this Membership Application together with the Dues Invoice and fee. Renewing members need only submit the Dues Invoice and fee.

I hereby apply for membership in the WSOMS, Western Society of Oral and Maxillofacial Surgeons as (*check one*):
Active__ Resident__ **Affiliate__ Associate__ . If accepted, I will conform to the dictates of the WSOMS Constitution and Bylaws, and I will attend and contribute to the annual meetings.

***Resident members do not pay dues. Please include a letter from the OMS Program Director attesting to your current resident status.*

PLEASE PRINT CLEARLY

First Name _____ **Last Name** _____

__MD __DDS __DMD __PHD __MS Other _____ NickName _____

Home Address:

Street _____ Suite/Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Fax _____

Office Address:

Street _____ Suite/Apt _____

City _____ State _____ Zip _____

Office Phone _____ Cell _____ Fax _____

Preferred Email: _____

PreDental Education (Col or Univ / Grad Date / _____)

Dental Education (School / Grad Date / Degree) _____

OMS Training (Location / Date) _____

State Licensures _____

Are you a member of your state organization? __Y __N

Diplomate ABOMS? __Y __N Date _____ Member AAOMS? __Y __N Date _____

Type of practice: __Solo __Group __Military __Teaching Other _____

With/ or Where? _____

I hereby with my signature pledge myself as a condition of membership in the Western Society of Oral and Maxillofacial Surgeons (WSOMS) 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 scrupulously regard the interests of my professional colleagues and render my willingness to help them.

Signature _____ Date _____

To submit online, the form must be opened in Adobe Reader or Adobe Acrobat.