Western Society
of Oral and Maxillofacial Surgeons

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

Annual Membership Application (Print Version)

To submit electronically, click HERE.

Fee: $175 per year. After February 15: $185.
New or lapsed members please print and mail this Annual Membership Application with the Annual Dues Invoice (General) and fee.
Renewing members need only mail the Annual Dues Invoice (General) 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, use the *Online Membership Form*.