AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

VERIFICATION OF MEMBERSHIP IN COMPONENT COUNTRY OMS SOCIETY

Name of Candidate for AAOMS Membership | Degree(s)

Effective September 27, 1991 -- All Candidates for AAOMS membership must be members of their country OMS society in which their primary practice is located to be eligible for election to AAOMS membership.

Are you a member of your country OMS society? ☐ Yes ☐ No

If you are not a member, have you applied for membership? ☐ Yes ☐ No

PRIMARY OFFICE ADDRESS | Suite/Floor | City | State/Province

Postal Code | Country

Telephone Number | Fax Number | Primary E-mail Address

HOME ADDRESS | Apartment | City | State/Province

Postal Code | Country

Telephone Number | Fax Number | Primary E-mail Address

THIS SECTION TO BE COMPLETED BY COUNTRY OMS SOCIETY:

This is to certify that the above-named candidate for membership in the American Association of Oral and Maxillofacial Surgeons is in one of the following categories in the country OMS society:

Current Status in Country Society: ☐ **Member** ☐ **Candidate/Applicant**

If missing components to complete membership, please specify: _____

Name of OMS Society

Address

Name of Officer/Administrator

Signature | Date Verified

Please return completed form to:

Email: membership@AAOMS.org
Fax: 847-678-6286 or 847-678-6279

AAOMS
Membership Services
9700 W Bryn Mawr Ave
Rosemont, IL 60018-5701