



**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS
VERIFICATION OF MEMBERSHIP IN COMPONENT STATE OMS SOCIETY**



Name of Candidate for AAOMS Membership

Degree(s)

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

Are you a member of your state 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

Zip Code

Telephone Number

Fax Number

Primary E-mail Address

HOME ADDRESS

Suite/Floor

City

State/Province

Zip Code

Telephone Number

Fax Number

Primary E-mail Address

THIS SECTION TO BE COMPLETED BY STATE 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 state OMS society:

Current Status in State Society:

- Application complete** (eligible for AAOMS Fellow/Member election)
 - Date of election to membership in component society _____
 - Anesthesia Evaluation Date _____ *(if not completed, candidate will be eligible for provisional election to AAOMS – see below)*
- Application complete, pending office anesthesia evaluation OR state meeting attendance** (eligible for AAOMS provisional membership election)
- Candidate/Applicant** (application in progress)
- Resident** (currently in OMS residency program)

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**