

# ACADEMY OF Gp ORTHODONTICS 2010 MEMBERSHIP APPLICATION

The following application is for new members who wish to join and current members who wish to renew their annual membership. 2010 membership dues are \$295. For online checking or saving's draft, a voided check is required. A confirmation email will be sent once the application is processed. You may mail this form to the Academy or fax it at 888.634.2028.

Membership status:  New Member  Renewing Member

Name \_\_\_\_\_ D.D.S./D.M.D.

E-mail \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Office ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Credit card # \_\_\_\_\_

VISA  MasterCard  Discover  American Express Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Card billing address (if different from above) \_\_\_\_\_

School Graduated: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Presently doing Orthodontics?  Yes  No

If yes, what techniques? \_\_\_\_\_

Place my contact information in the AGpO database for future course mailings  Yes  No

Courses you are interested in attending: \_\_\_\_\_

Course Location/Dates: \_\_\_\_\_

Topics in orthodontics or related topics you are interested in learning about: \_\_\_\_\_

