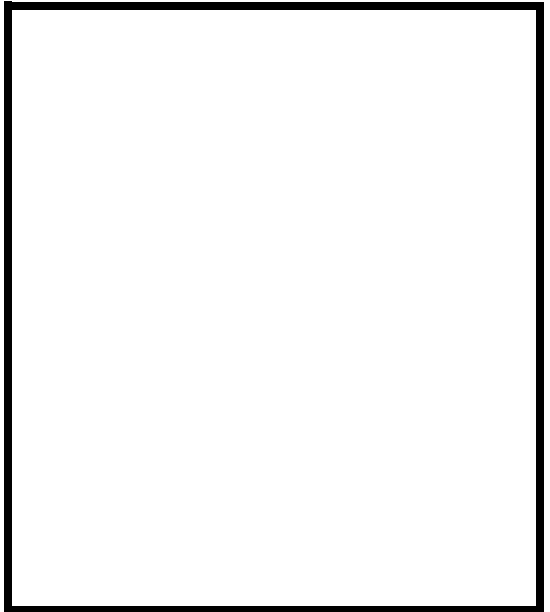


ARIZONA ORTHODONTIC STUDY GROUP

MEMBERSHIP APPLICATION

SPONSOR _____

SPONSOR _____



DATE PHOTOGRAPH MADE _____

1. NAME IN FULL LAST FIRST MIDDLE

2. OFFICE ADDRESS NO. STREET

CITY STATE ZIP TELEPHONE

3. HOME ADDRESS NO. STREET

CITY STATE ZIP TELEPHONE

4. BIRTHPLACE CITY STATE DATE

5. PRE-PROFESSIONAL DEGREE NAME OF SCHOOL, COLLEGE OR UNIVERSITY YEARS

6. DENTAL DEGREE NAME OF SCHOOL, COLLEGE OR UNIVERSITY YEARS

7. GRADUATE TRAINING DEGREE NAME OF SCHOOL, COLLEGE OR UNIVERSITY YEARS

THESIS TITLE DATE ENCLOSE SEPARATE RESUME

8. OTHER POST-DOCTORAL AREA OF STUDY EDUCATION INSTITUTION LOCATION DATES OF STUDY DEGREE OR CERTIFICATE
(USE SUPPLEMENTAL SHEET IF NECESSARY)

9. GENERAL PRACTICE YEARS SPECIALTY YEARS BOARD DIPLOMATE OR CERTIFICATE YEAR ISSUED

10. LIST PROFESSIONAL ORGANIZATIONS YOU BELONG TO LENGTH OF TIME AS A MEMBER MEMBERSHIP STATUS
(USE SUPPLEMENTAL SHEET IF NECESSARY)

11. LIST YOUR CONTINUING EDUCATION FOR PAST FIVE YEARS ONLY - USE SUPPLEMENTAL SHEET IF NECESSARY

12. PUBLICATIONS BOOKS MONOGRAPHS PAPERS REPORTS LECTURES RESEARCH

PLEASE FILL OUT REVERSE SIDE

13. PARTICIPATION IN CIVIC ORGANIZATIONS	SERVICE CLUBS	FRATERNAL AND CHURCH	ACTIVITIES	OFFICES HELD

14. PLEASE STATE IN A BRIEF PARAGRAPH WHY YOU WOULD LIKE TO PARTICIPATE IN THE ARIZONA ORTHODONTIC STUDY GROUP

15. DATE OF APPLICATION _____ DATE AS GUEST _____ DATE AS GUEST _____ DATE AS GUEST _____

SIGNATURE OF APPLICANT

SIGNATURE OF SPONSOR _____

SIGNATURE OF SPONSOR _____

RECORD OF MEMBERSHIP PROGRESS

PROVISIONAL MEMBERSHIP

APPROVED

DISAPPROVED

DATE _____

DATE _____

OFFICE VISIT NO. 1 _____ DATE _____

OFFICE VISIT NO. 5 _____ DATE _____

OFFICE VISIT NO. 2 _____ DATE _____

OFFICE VISIT NO. 6 _____ DATE _____

OFFICE VISIT NO. 3 _____ DATE _____

OFFICE VISIT NO. 7 _____ DATE _____

OFFICE VISIT NO. 4 _____ DATE _____

OFFICE VISIT NO. 8 _____ DATE _____

AFFILIATE MEMBERSHIP

APPROVED

DISAPPROVED

DATE _____

DATE _____

MODEL DATE _____ DISPLAY AND CASE PRESENTATION PLACE _____

EXAMINER SIGNATURE _____

EXAMINER SIGNATURE _____

EXAMINER SIGNATURE _____

EXAMINER SIGNATURE _____

ACTIVE MEMBERSHIP

APPROVED

DISAPPROVED

DATE _____

DATE _____

MODEL DATE _____ DISPLAY AND CASE PRESENTATION PLACE _____

EXAMINER SIGNATURE _____

EXAMINER SIGNATURE _____

EXAMINER SIGNATURE _____

EXAMINER SIGNATURE _____