

2011 APPLICATION FOR MEMBERSHIP/RENEWAL

I, _____ hereby apply for active membership/renewal in the American Lingual Orthodontic Association, International.

I understand that the purpose of this association is "...to foster research, support educational activities, and promote the concept and utilization of lingual orthodontics in order to better serve the needs of the orthodontic patient.

Orthodontic Specialists ONLY-Please complete this section:

I declare that my educational qualifications conform to the ADA standards for a specialist in orthodontics, or, if I practice outside of the United States of America, I declare that I am a member in good standing of an orthodontic organization in the country in which I practice.

School where you completed your orthodontic post-doctoral certificate: _____

Date post-doctoral certificate ___/___/___ Board Certified: ___Yes ___No, Eligible: ___Yes

PLEASE TYPE OR PRINT ONLY

Primary office: _____

First MI Last DEGREE

Street and /or P.O. Box City/State/Country Zip code or Mail Code

Office Phone Fax Email Address

Company/School Business URL for online Directory

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ALOA Membership and Registration Fees for 2011/ San Juan, Puerto Rico-----Circle your Choices:

- Current ALOA Member staying at participating Starwood Hotel:(Doctors) - **\$500**
 - Current ALOA Member NOT staying at participating Starwood Hotel:(Doctors) - **\$600**
 - New ALOA Member staying at participating Starwood Hotel: (Doctors) - **\$550**
 - New ALOA Member NOT staying at participating Starwood Hotel: (Doctors) - **\$650**
 - Industry Partner staying at participating Starwood Hotel: (Dental/Orthodontic company reps) - **\$550**
 - Industry Partner NOT staying at participating Starwood Hotel: (Dental/Orthodontic company reps) - **\$650**
 - Exhibitor staying at participating Starwood Hotel: Includes Fees for 1 to 2 Sales Reps. **\$1500**
 - Exhibitor NOT staying at participating Starwood Hotel: Includes Fees for 1 to 2 Sales Reps. **\$1600**
 - Faculty, Orthodontic Resident, or Dental Assistant staying at the Starwood Hotel- **\$175**
 - Faculty, Orthodontic Resident, or Dental Assistant NOT staying at the Starwood Hotel- **\$275**
- Membership Only(Not attending the ALOA 2012 Congress, Includes ALOA membership certificate and listing on the ALOA's Referral Webpage Directory) **-\$ 350.00**

Method Of Payment:

I have enclosed a check for \$_____
Please make checks payable to (U.S. Funds Only):
American Lingual Orthodontic Association
C/O Dr. Richard Dahar
834 California Avenue, Avalon PA 15202
rdahar@aol.com, Phone: 412-766-5016, Fax: 412-766-7601
Pay By Credit Card/ Please charge my:
 Visa, Mastercard, Discover, American Express
Card Number: _____, Expiration: _____

Name as it appears on Credit Card: _____

Signature: _____ Date: _____