



# WFO Membership Application

## Retired Fellow

I am applying to become a Retired Fellow of the World Federation of Orthodontists (WFO) and agree to comply with its charter, Bylaws and policies.

contact

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Gender:  Male  Female

Current WFO Membership Number \_\_\_\_\_

**HOME ADDRESS** *Please complete the information below for contact purposes*

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_  
(Country Code) (City Code) (Telephone Number)

Fax \_\_\_\_\_  
(Country Code) (City Code) (Telephone Number)

Personal Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

**WFO OATH for RETIRED FELLOW MEMBER**

I, the person named above, do swear under oath that the answers to all questions on this application are true and complete to the best of my knowledge and that I am a qualified Fellow of the WFO. I also understand and agree that the WFO may investigate my qualifications. I further waive the right to hold the WFO, its affiliates, executive committee, officers, members and employee responsible for any damage as a result of the denial of this application or any other action taken by the WFO.

I agree to the above statement

Signature \_\_\_\_\_

Date \_\_\_\_\_

affiliation

**WFO FELLOW MEMBERSHIP INFORMATION**

I hereby certify that I am a retired orthodontic member in good standing from:

National or Regional Orthodontic Organization Name \_\_\_\_\_ (affiliate organization of the WFO)

Country of National or Regional Orthodontic Organization \_\_\_\_\_

payment

**WFO RETIRED FELLOW FEES:**  Credit Card\*\*  Check  Money Order  Cash (onsite only)

WFO fees are billed on the anniversary date of your original acceptance as a WFO member. If you wish to review your membership at this time, please select one of the options below.

**WFO Retired Fellow** applicants: *(Amounts listed below are valid through May 31, 2018 unless otherwise noted. Fees below are stated in U.S. dollar amounts.)*

5-Year Retired Fellowship **\$70**

**\*\* If paying by Credit Card please complete the following information:**

Visa  Mastercard  American Express ACCT # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Security (V) Code \_\_\_\_\_

**WFO LAPEL BADGE/PIN:** *(optional)*  Please add a one-time **\$25** to my payment to purchase a WFO Lapel Badge/Pin

member profile

Once you have received the confirmation email with retired fellow approval, please visit the WFO website and login to update your membership information at <https://www.wfo.org/membership/pay-my-dues/update-my-information/>

**PRESIDENTIAL DECLARATION**

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WFO Affiliate President's Name \_\_\_\_\_

WFO Affiliated National Organization to which I belong \_\_\_\_\_

I do hereby certify that the person named above is recognized by our organization as an orthodontic specialist, is a retired member in good standing in our organization and is eligible to become a RETIRED FELLOW of the World Federation of Orthodontists.

President's Signature \_\_\_\_\_

Date \_\_\_\_\_ President's Email \_\_\_\_\_

PLEASE ENTER PAYMENT INFORMATION ON REVERSE SIDE

**RETURN COMPLETED APPLICATION & REQUESTED MATERIALS**

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World Federation of Orthodontists      Fax +1.314.985.1036  
401 N. Lindbergh Blvd.  
Saint Louis, MO 63141-7816, USA

**QUESTIONS**

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website: <http://www.wfo.org>