



**APPLICATION FOR AFFILIATION
WITH THE
WORLD FEDERATION OF ORTHODONTISTS**

- I. The _____, a national ___ or regional ___ organization of orthodontists located in _____, hereby applies for affiliation with the World Federation of Orthodontists.
- II. Our organization has considered and has approved the Bylaws of the World Federation of Orthodontists adopted at the constituting meeting of the World Federation of Orthodontists held in San Francisco, California, USA on May 15, 1995 and revised on April 30, 2000, and amended on September 10, 2005.
- III. The _____ has appointed the following two individuals to represent our organization with the power to vote on our behalf on matters which are brought before the World Federation of Orthodontists:

Officers in Society:	
<i>Name:</i> _____	<i>Name:</i> _____
<i>Office Held In Society:</i> _____	<i>Office Held In Society:</i> _____
<i>E-Mail address:</i> _____	<i>E-Mail address:</i> _____
<i>Mailing Address:</i> _____ _____	<i>Mailing Address:</i> _____ _____
<i>City:</i> _____	<i>City:</i> _____
<i>Zip/Postal Code:</i> _____	<i>Zip/Postal Code:</i> _____
<i>Tel:</i> _____	<i>Tel:</i> _____
<i>Fax:</i> _____	<i>Fax:</i> _____
<i>E-Mail:</i> _____	<i>E-Mail:</i> _____



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The following items (items IV, V and VI) need to be included with this application;

IV. A copy of the society bylaws, in both English and your native language.

V. A list of the members of your society with their addresses.

VI. Payment of the \$50 affiliation fee in U. S. funds.

As the official representative of the _____, I submit this application for affiliation with the World Federation of Orthodontists. It is understood that the Bylaws of the World Federation of Orthodontists impose responsibilities on the _____, and that affiliation, if granted, can be withdrawn by the World Federation of Orthodontists. By my signature below, the _____ acknowledges its obligation to comply with the purpose and objectives of the World Federation of Orthodontists.

I understand that the final action on the affiliation of the _____ will be taken by the Executive Committee of the World Federation of Orthodontists.

Signature

Print name and Title

Affiliate Name

Date



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Please provide the following information if your society has a permanent mailing address:

<i>Society Name:</i> _____	
<i>Society mailing address:</i> _____	
<i>City:</i> _____	<i>State/Province:</i> _____
<i>Zip/Postal Code:</i> _____	<i>Country:</i> _____
<i>Society Tel:</i> _____	
<i>Society Fax:</i> _____	
<i>Society E-Mail Address:</i> _____	

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Revised 8-08