

Membership Application Form

Print this form out and mail it with the appropriate fee to: AES Membership Committee, 207 E. Ohio Street, Suite 399, Chicago, IL 60611.

In order to be considered for membership at the next Annual Meeting in February, a fee of **\$650.00** must accompany this application, made payable to THE AMERICAN EQUILIBRATION SOCIETY (**\$100.00** covers application fee, **\$550.00** covers first year's dues covering the membership year.) The annual dues include: (a) *The Journal of Prosthetic Dentistry* during the year voted in as a member, new members to receive back issues from first of year. (b) *TMJ Update*, published six times each year, presenting latest scientific information in this field. (c) Attendance at the Annual Meeting and the President's Reception. (d) New membership embossed certificate. (e) Annual updated International Membership Directory. (f) AES Newsletter. Dues are not pro-rated for the year. If an applicant is not voted into the Society, he is only entitled to a dues refund. **DEADLINE FOR APPLYING, JANUARY 31.**

MEMBERSHIP YEAR: MAY 1 - APRIL 30

All funds from Outside the United States must be paid in U. S. Bank Draft or International Money Order only!

Journal of Prosthetic Dentistry subscription rate of \$82.00 domestic \$125.00 Canadian and \$119.00 international are included in the annual dues.

Each section of application must be answered. If answer is "none", this should be stated. Whenever space is inadequate, use additional sheet.

1. Name

(Last) (First) (Middle Initial) (Degrees)

2. Complete Mailing Address _____

(Area Code - Phone)

(Area Code - Fax)

(Email)

3. Date of Birth _____ How many years in practice? _____

4. Have you previously applied for membership in the American Equilibration Society?

Yes No When? _____

Have you previously been a member of the American Equilibration Society?

Yes No When? _____

5. Dental/Medical education _____ Year _____
(Institution) (Degree)

6. Graduate education _____ Year _____
(Institution) (Degree)

7. Are you a member of the American Dental Association? Yes No

Are you a member of another national Dental Association? Yes No

Name _____

8. Licensed in what States/Provinces/Countries: _____

9. Do you have a recognized specialty? Yes No Specialty _____

10. What percentage of your practice is devoted to treatment of TMJ, Muscle or Occlusal Dysfunction? _____

11. University Affiliation (Teaching or Research) _____

_____ Full-time Part-time

12. Other Affiliations (Hospital, Government, Military, etc.) _____

_____ Full-time Part-time

13. Postgraduate Education: _____

14. Publications and Presentations: _____

15. Participation in Professional Organizations: (Includes offices and committee chairmanships) _____

16. What is your purpose in wishing to join the society? _____

17. If elected to membership in the American Equilibration Society,
I agree to abide by the constitution, By-laws, and other rulings of the Society.

_____ Date _____
(Signature of Applicant)

18. MEMBER RECOMMENDATION (This recommendation must be signed by the member recommending the applicant.)

Name Printed _____

Address _____ City _____ State _____ Zip _____
(Signature)

Country _____ Phone Number _____