



THE AMERICAN EQUILIBRATION SOCIETY

Leaders in Occlusion and TMD

MEMBERSHIP APPLICATION

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

1. Name _____
(Last) (First) (Middle Initial) (Degrees)

2. Complete mailing address _____
(Street Address) (P.O. Box, if applicable)

(City) (State/Province) (Zip/Postal Code) (Country)

(Phone: Area Code and Number) (Fax: Area Code and Number) (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. Website: _____

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, Governmental, Military, etc.) _____

_____ Full-time Part-time

13. Postgraduate Education: _____

14. Publications and Presentations: _____

15. Participation in Professional Organizations: (Include 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.

(Signature of Applicant) (Date)

18. Referred By _____

In order to be recognized as a member at the next Annual Meeting in February, a fee of \$350.00 must accompany this application, made payable to the AES and received by January 31st. The annual dues are not prorated and the annual membership year runs from May 1 to April 30. Member benefits include: (a) Access to the AES Members section of the website (b) The Journal of Prosthetic Dentistry electronically (c) TMJ Update on the AES website (d) discounted attendances at the Annual Meeting and the President's Reception. (e) The AES Contact (newsletter) (f) Annual updated International Membership Directory (hardcopy) (g) A listing with full web links in the searchable AES online directory which is utilized by patients and colleagues regularly.

MEMBERSHIP YEAR (MAY 1 – APRIL 30)

FOR USE BY THE CENTRAL OFFICE ONLY

	Date
Received by the Central Office	_____
Acknowledgement Letter Sent	_____
<input type="checkbox"/> Approved by Membership Committee	_____
<input type="checkbox"/> Rejected	_____
<input type="checkbox"/> Approved by Executive Council	_____
<input type="checkbox"/> Rejected	_____
<input type="checkbox"/> Approved by Society at regular meeting	_____
<input type="checkbox"/> Rejected	_____
Acceptance letter sent	_____
Remarks:	_____

RETURN TO: **Total Enclosed (or to be billed by credit card):**
Membership Committee
AMERICAN EQUILIBRATION SOCIETY, 207 E. Ohio Street, Suite 399, Chicago, IL 60611

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

Name On Card: _____
(Last) (First) (Middle Initial)

Card Type: Visa Mastercard Card Number: _____ Expiration Date: _____

Validation Code: _____ (The last 3 digits of the non-embossed number printed on the back of your Visa or MC. The 4 digits on the front of your AMEX.)
Payments will not be processed without this code.

Signature: _____ Date: _____