



APPLICATION FOR INACTIVE FELLOWSHIP OR INACTIVE MEMBERSHIP

Name, Degree(s) Date
Home Address Suite/Floor/Apt City State Postal Code
Country Telephone Number Fax Number Primary E-mail

I am inactive due to:

- Voluntary Discontinuation of Active OMS Practice Date of Discontinuation
Personal Illness/Injury - Please provide proof of documentation (i.e., medical disability)
Other Extenuating Circumstances, if any (Please explain below. Use separate sheet if needed.)

Do you plan to resume practice in the future? No Yes (if yes, please explain below. Use separate sheet if needed)

Following are Bylaw requirements for Inactive Fellowship and Membership in the Association. Please read them carefully prior to completing and submitting the application.

INACTIVE FELLOW AND INACTIVE MEMBER: An inactive fellow or member is one who derives no income from the active practice of oral and maxillofacial surgery. Active practice is the performance of any activities requiring licensure or permit in dentistry or medicine in the state oral and maxillofacial surgery specialty licensure, where applicable.

Upon election by the House of Delegates to inactive fellowship or membership, an inactive fellow or member shall not have the same privileges of a member; except that he/she may retain his/her membership or fellowship certificate; be listed in the AAOMS Directory; shall not pay dues and assessments; shall not be required to maintain membership in his/her state component OMS society and may receive the Journal of Oral and Maxillofacial Surgery only by personal paid subscription, pay a voluntary maintenance fee established annually by the Board of Trustees in order to receive all Association mailings and may attend the annual meeting or midwinter conference at the Non-Member Non-OMS registration fee.

A fellow or member may remain inactive for up to five years. After such time, inactive fellows and inactive members will be evaluated by the Committee on Membership and may be removed from membership should a return to active oral and maxillofacial surgery practice not be foreseen.

In accordance with the above Bylaw, I wish to apply for Inactive Fellowship or Membership in the American Association of Oral and Maxillofacial Surgeons.

Signature

Return Completed Application and Supporting Documents (if applicable) to:
AAOMS
Membership Services
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701
Email: membership@aaoms.org Phone: 800-822-6637 Fax: 847-678-6286

---DO NOT WRITE BELOW THIS LINE---FOR ASSOCIATION USE ONLY---

Current Status ID Number Election Year: DOB: Paid Through Year
Dues Waiver/Reduction Granted Date: Dues Waiver/Reduction Denied Date:
(Circle One) (Circle One)