



APPLICATION FOR RETIRED FELLOWSHIP OR RETIRED MEMBERSHIP

Name, Degree(s) _____ Date _____

Home Address _____ Apartment Number _____ City _____ State _____ Postal Code _____

Country _____ Telephone Number _____ Fax Number _____ Home E-mail _____

I am retired due to:

- Voluntary Discontinuation of Active OMS Practice **Date of Retirement** _____
- Personal Illness/Injury -- *Please provide proof of documentation (i.e., medical disability)*
- Other Extenuating Circumstances, if any (use separate sheet if necessary) _____

Do you plan to resume practice in the future? No Yes -- *If yes, please explain (use a separate sheet, if necessary):*

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

RETIRED FELLOW AND RETIRED MEMBER: Retired fellowship or retired membership shall be granted to a fellow, member or affiliate member. A fellow, member or affiliate member must have paid dues for twenty (20) years, or be disabled and unable to engage in the activity of active practice. Active practice is the performance of any activities requiring licensure or permit in dentistry or medicine in the state or oral and maxillofacial surgery specialty licensure, where applicable. Following written application, applicants for retired status must remit dues and assessments through the year prior to election. Dues and assessments for this year may be waived or partial dues and assessments may be assessed following consideration of the Committee on Membership and approval of the Board of Trustees.

Upon election by the House of Delegates to retired fellowship or membership, a retired fellow or member shall enjoy the same privileges of a member; 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 and pay a voluntary maintenance fee established annually by the Board of Trustees in order to receive all Association mailings. Years in retired status will not accrue toward life fellowship/membership. In the event a retired fellow or member resumes practice, he/she shall notify AAOMS Headquarters in writing.

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

Signature

<p>Return completed application and supporting documents (if applicable) to: Email: membership@aaoms.org Fax: 847-678-6286 or 847-678-6279</p>	<p>AAOMS Membership Services 9700 W Bryn Mawr Ave Rosemont, IL 60018-5701</p>
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---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)