



AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY

By applying for fellowship or membership to the American Association of Oral and Maxillofacial Surgeons (hereafter referred to as the "Association"), I agree to the following conditions during the processing and consideration of my application, regardless of whether or not I am elected to fellowship or membership:

1. Authorization for Release of Information to the Association by Third Parties

By my signature below, I authorize the release of otherwise confidential information to the Association and its authorized representatives by sources such as official licensing or regulatory agencies, professional associations, hospitals or other health care organizations, educational institutions, or other relevant sources.

2. Waiver of Liability

I extend immunity to, and release from any liability, the Association and its authorized representatives, for any acts, communications, or decisions regarding the processing, consideration, and maintenance of my membership application and file.

3. Acknowledgement of Association Governing Rules and Regulations

I acknowledge that my membership status in the Association is based on the Association's Governing Rules and Regulations. I agree to abide by the provisions of the Governing Rules and Regulations and I recognize that the Association has the right to limit or terminate my membership status under the Association's Constitution, Bylaws, Policies or Code of Professional Conduct.

Name of Applicant (Type or Print)

Signature

Date

RETURN SIGNED FORM WITH COMPLETED APPLICATION TO:

**AAOMS
MEMBERSHIP SERVICES
9700 W. BRYN MAWR AVE.
ROSEMONT, IL 60018-5701**