

INDIANA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS

SOCIETY OBJECTIVES

To contribute to the health and welfare of the public

To promote the science and art of Oral and Maxillofacial Surgery

To cooperate with other health services

To enlighten the general public concerning the specialty of Oral and Maxillofacial Surgery

To provide among its members the opportunity for social and professional fellowship

To promote and provide continuing education for the Oral and Maxillofacial Surgeon

APPLICATION FOR MEMBERSHIP

(Please type or print legibly)

Name _____
(as you wish it to appear on certificate)

Office Address _____
Street City/State/Zip

Office Phone _____ *Office Fax _____

**Must have E-Mail Address _____

Home Address _____
Street City/State/Zip

Spouse Name _____ Home Phone _____ Cell Phone _____

Graduate/Post-Graduate Study:

Institution _____

Dates _____ Head of Dept. _____

Degree(s) _____

Internship/Residency:

Institution _____

Dates _____ Head of Dept. _____

Institution _____

Dates _____ Head of Dept. _____

Military Experience:

Dates _____

Rank _____

Teaching Experience:

Institution _____

Title _____

Year _____

Hospital Staff Appointments:

Membership in AAOMS (check one):

Non-member _____ Applicant _____ Associate _____

Candidate _____ Active _____

Diplomate American Board of Oral and Maxillofacial Surgery:

Year Certified _____ (If scheduled for examination, check here _____)

Other professional organizations you belong to: (if you require additional space, please use back of form)

I have been in the exclusive practice of Oral and Maxillofacial Surgery (not including internship and residency) from _____ to _____.

I hereby certify that the above information is correct to the best of my knowledge, and if accepted for membership in the Indiana Society of Oral and Maxillofacial Surgeons, will pursue my calling with strict regard for the ethics of my profession and strive to further the Society's objectives to the fullest of my capabilities.

Printed Name

Signature

***Sponsored and Endorsed by:**

(Please print name)

Date

1. _____ Active ISOMS Member

2. _____ Active ISOMS Member

***Letter of Recommendation must be included from each sponsor.**

Enclose application fee of \$250.00

Enclose Curriculum Vitae

RETURN TO: Laney Dezelan, Executive Secretary

ISOMS

11307 Reflection Point Drive

Fishers, IN 46037

(317) 577-4489