



The College of Diplomates  
of the American Board of Orthodontics  
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## **Membership Application**

Date: \_\_\_\_\_ Are you full-time faculty? ☐ Yes ☐ No Program: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State-Province/Zip \_\_\_\_\_

Country (if other than U.S.) \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year Board Certified \_\_\_\_\_

Orthodontic Program \_\_\_\_\_ Year of Graduation \_\_\_\_\_

AAO Constituent Society ☐ GLAO ☐ MASO ☐ MSO ☐ NESO ☐ PCSO ☐ RMSO ☐ SAO ☐ SWSO

Go to the website [www.cdabo.org](http://www.cdabo.org) to purchase a personalized membership plaque @ \$90 including S/H and tax.

**Requested Membership Category:** *Note first year membership is complimentary.*

☐ ACTIVE MEMBER - \$150 for annual dues fees from September 1- August 31.

☐ FULL-TIME ORTHODONTIC FACULTY - \$75 for annual dues fees from September 1- August 31.

**Payment for Membership** *(after first complimentary year):*

☐ I have enclosed a check payable to CDABO in U.S. funds.

☐ Please charge my appropriate dues to my ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Name on card \_\_\_\_\_ Card Billing Zip Code \_\_\_\_\_

Card # \_\_\_\_\_

Expiration: \_\_\_\_\_ V Code \_\_\_\_\_ (The V code is the 3-digit code on the back of your Visa, MasterCard or Discover and 4-digit code that appears on front of your American Express.)

Signature \_\_\_\_\_ **TOTAL CHARGE: \$** \_\_\_\_\_

\*For U.S. Federal income tax purposes, your College of Diplomates membership dues may be deductible as a business expense but not as a charitable contribution

### **The College of Diplomates Foundation**

You may make a separate contribution to the College of Diplomates Foundation, which is tax deductible as a charitable contribution. Please go to our website: [www.cdabo.org](http://www.cdabo.org) and click on the CDABO Foundation tab for online donation payment. Or, simply enclose a separate check.