

Canadian Association of Oral and Maxillofacial Surgeons
MEMBERSHIP APPLICATION FORM



1. Applicant Information

Name:
Surname Given Name Middle Initial(s)

Date of birth: / / Place of birth:
Year/month/day City/Country

Citizenship:

2. Address Information

Primary Office Address:
Unit/Apt # Number/direction/street name

City/Town/Village Province/State

Country Postal/Zip code

Office Telephone: () Office Fax: ()
Area code/number Area code/number

Home address:
Unit/Apt # Number/direction/street name

City/Town/Village Province/State

Country Postal/Zip code

Home Telephone: () Home Fax: ()

Primary Email address:

Preferred mailing address;

Primary office Home

Can we correspond with you via your email address exclusively? Yes No

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3. Education

Pre-dental Education:

Institution

Dates

Degree/Diploma

Institution

Dates

Degree/Diploma

Dental Education:

Institution

Dates

Degree

Medical Education:

Institution

Dates

Degree

Oral and Maxillofacial Surgery
Residency Training:

Institution

Dates

Degree

Name of Director

Fellowship Training:

Institution

Dates

Name of director

Principle area of study

Other Post-Graduate Training:

Institution

Dates

Name of director

Principle area of study

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Present region you are
licensed to practice
Oral and Maxillofacial
Surgery

Province/territory/State

Date of licensure:

Year/Month/day

Number of years continuous
exclusive OMFS practice:

Where:

Dental, Medical, and Specialty Societies and Association Memberships;

Organisation

Year joined

Present Hospital Appointments:

Name of hospital

Staff position

Date of appointment (y/m/d)

Name of hospital

Staff position

Date of appointment (y/m/d)

Name of hospital

Staff position

Date of appointment (y/m/d)

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Present Academic Appointments:

Name of Faculty

Position

Date of appointment (y/m/d)

Name of Faculty

Position

Date of appointment (y/m/d)

The names of two CAOMS Active, Life or Retired members who have agreed to submit letters of recommendation on your behalf:

1.

2.

The completed application form, the two letters of reference (one for Student applicants), along with proof of licensure and the appropriate membership fee (see page 5 for current fee structure) must all be received by the office of the CAOMS Secretariat, before your file can be forwarded to the Membership Chairman for processing. Completed applications must be received 90 days prior to the date of the next Annual General Meeting of the CAOMS in order to be considered for approval by the Executive Council for that meeting and to be considered as potentially eligible for the CAOMS Members' registration fee rate for that Scientific meeting. Only those prospective members presenting completed applications at least 90 days prior to the date of the Annual General Meeting of the CAOMS will be presented to the Executive Council for consideration.

Application check list

- Completed application
- Proof of licensure **Not applicable for Student applicants*
- Appropriate fee (see page 5) **Not applicable for Student applicants*
- Two letters of reference (mailed directly to CAOMS Secretariat)
**One letter required for Student applicants from their Director of OMS Training program*

Canadian Association of Oral and Maxillofacial Surgeons
MEMBERSHIP APPLICATION FORM
Membership Categories & Dues

Active Member

\$500.00

Any individual who is certified and licensed to practice the specialty of Oral and Maxillofacial Surgery in a Canadian Province or Territory can make application to become an Active Member of the Association

Affiliate Member

(non-voting membership) **\$250.00**

Any individual residing in a foreign country and who holds a membership in that country's national organization for Oral and Maxillofacial Surgeons, or equivalent, can make application to become an Affiliate Member of the Association

Honorary Member

(non-voting membership) **no charge**

Any individual who has made substantial contribution to the advancement of the specialty of Oral and Maxillofacial Surgery, who has rendered valuable service to the Association, and such other deserving persons as may be determined by the Executive Council may be appointed an Honorary Member of the Association by the Executive Council.

Life Member

\$250.00

Any individual who has been an Active Member of the Association for thirty (30) years, or who has reached the age of sixty-five (65) and has been an Active Member of the Association consecutively for the fifteen (15) years immediately preceding the attainment of the age of sixty-five can make application to become a Life Member of the Association. The Executive Council, at its discretion, in special and /or exceptional circumstances, may confer Life Membership status upon an individual member.

Retired Member / Life Member - Retired

no charge

Any individual who is an Active Member in good standing at the time of application and who confirms that he or she is fully retired from the practice of the specialty of Oral and Maxillofacial Surgery (non-licensed), teaching or administration, or any member who presents special and / or exceptional circumstances to the Association, can make application to become a Retired Member. Any Life Member in good standing who confirms that he or she is fully retired from the practice of the specialty of Oral and Maxillofacial Surgery, teaching or administration (i.e. non-licensed, or any member who presents special and / or exceptional circumstances to the Association, can make application to become a Life Member - Retired.

Supporting Member

(non-voting membership) **\$250.00**

Any person (non-dentist/surgeon) having an interest in the well-being of the Association and who does not otherwise qualify for membership, can make application to become a Supporting Member of the Association.

Student Member

(non-voting membership) **no charge**

Any individual enrolled full-time in an accredited program for the training of Oral and Maxillofacial Surgeons can make application to become a Student Member of the Association. Any individual who has successfully completed training in an accredited program for the training of Oral and Maxillofacial Surgeons, and who is currently enrolled in a formal Fellowship program related to Oral and Maxillofacial Surgery, or its equivalent, can make application to become a Student Member of the Association. Any individual who meets the eligibility requirements for Active Membership and who is enrolled as a full-time student in a non Oral and Maxillofacial Surgery-related, university-based, educational pursuit can make application to become a Student Member of the Association.