

APPLICATION FOR MEMBERSHIP
Colorado Summer Meeting

For the Advancement of Orthodontic Practice & Research

MISSION STATEMENT

The mission of the Colorado Summer Meeting is to provide an intimate learning experience for orthodontists, their family and their staff in a comfortable, friendly, casual atmosphere conducive to learning and sharing through networking and technology.

Advantages of membership include advance notice of the Annual Meeting, reduction in tuition charged for registration, and an opportunity to participate in and help guide the growth and direction of the organization.

Once elected to membership, a member must maintain active status by payment of annual dues as established by the Board of Trustees in order to be eligible for registration and fee reductions. Annual dues must be paid each year, regardless of attendance at the Annual Meeting, and all dues balances must be current to qualify for registration fee reduction.

To apply for membership, please complete the application form below and submit to the Colorado Summer Meeting office. New members will attend their first meeting at the member rate. Application for membership (including the current rate of \$85.00 membership fee) can be submitted at your first meeting. The applications will be approved for membership at the close of the meeting by the Board of Trustees, allowing the member to come to the following conferences at the member rate.

Please print legibly or type all information below

Full Name _____ Suffix: DDS Other _____

Address _____

City _____ State _____ Postal code _____

Phone (_____) _____ Fax (_____) _____

Email _____

Member _____ Constituent Society of the A.A.O.

By signing the application below, I give my consent to CSM to send information to me by way of fax or email. *If you do not wish to receive information by fax or email, you must check the box below.*

I do not give consent to the Colorado Summer Meeting to send information to me by way of fax or email.
(Please note: Your fax number and/or email will not be recorded in our database and therefore CSM will not be able to communicate with you through these methods.)

Signature _____ Date _____

Enclosed is check # _____ in the amount of \$85.00 for membership.
Sorry, credit cards are not accepted.

Please mail completed form with payment to:
COLORADO SUMMER MEETING
6000 East Evans Avenue #3-205 Denver, CO 80222
Phone 303-758-9611 Fax 303-758-9616 www.coloradosummermeeting.org

For CSM Use Only (2005)

Rec'd _____ Check # _____ Amount \$ _____ Member # _____ Acctg Date _____