

Note: For active membership please enclose annual dues of \$150.00.

There are no dues for resident members however; resident members shall be required to apply for active membership upon completion of residency requirements. A letter from the OMS Program Director attesting current resident status must accompany this application.

Military membership is reserved for oral and maxillofacial surgeons on active duty in the military and stationed within the geographic boundaries of the Middle Atlantic Region. You must be current members in good standing with the ADA and the AAOMS. There are no dues for military members.

Application Information

First Name _____

Last Name _____

Middle Name _____

Cell Phone: _____ Office Phone: _____

Office Address Street: _____

City: _____ State: _____ ZIP: _____

Email _____

Date and Place of Birth Date: _____ Location: _____

Education

Pre-dental College/University: _____

Graduation Year: _____ Degree: _____

Dental Dental School: _____

Graduation Year: _____ Degree: _____

Medical Medical School: _____

Graduation Year: _____ Degree: _____

Post Graduate School: _____

Graduation Year: _____ Degree: _____

IMPORTANT: Please mail completed application to MASOMS: 3912 Arbor Crest Way, Rockville, MD 20853.

For active members, please include check for \$150 payable to MASOMS.

Internships, Residencies and Fellowships

Name of Institution

Location:

Dates:

Name of Institution

Location:

Dates:

Information on Private Practice

State Licensed to Practice

Is your practice limited exclusively to oral surgery?

of Years:

Certificate from the American Board of Oral Surgery?

Date:

AAOMS Member #

ADA Member #

Hospital Affiliation

Position:

Military Service Status

Duty/ Rank/Title

Signature of Applicant

Date:

FOR OFFICE USE ONLY

Application Received:

Approved:

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