



The American Association of Oral Biologists

APPLICATION FOR MEMBERSHIP - 2004

1. Name of applicant: _____

2. Category Applying for: Full Membership _____ Student Membership _____

3. Institution/Company: _____ Fax: _____

Department: _____ Bus. Phone: _____

Street Address: _____ E-mail: _____

City/State/Country: _____ Zip Code: _____

4. College and University Degrees (with dates, institution, country, and major fields)

A. Undergraduate: _____

B. Dental: _____

C. Graduate: _____

D. Post Graduate: _____

5. Present position and institution: _____

6. Basis of eligibility for membership:

A. Oral biology research conducted or in progress (descriptive title, date--not more than three):

B. Oral Biology teaching conducted or in progress (list courses or lectures):

C. Oral Biology publications during the last three years:

D. Other relevant information demonstrating participation in Oral Biology:

7. The undersigned member of the American Association of Oral Biologists attests to the eligibility of the person named and thereby sponsors him/her for membership in the Association.

Sponsor's Signature Name (Print or Type)

8. Annual dues for Full Members and Student Members is \$12.00.

Please make checks (in U.S. dollars) payable to the: American Association of Oral Biologists

*Remit to: Dr. Salomon Amar
CABR Dept. of Periodontology Room W201C
Goldman School of Dental Medicine
Boston University
700 Albany Street
Boston, MA 02118*

[Telephone: Fax: 617-638-8549 E-mail: samar@bu.edu]

9. _____
Applicant's Signature and Date

10. APPROVAL: _____
Chair, Membership Committee and Date

AAOB WWW
March 1999