

AMERICAN ACADEMY OF GOLD FOIL OPERATORS

Membership Application (Please Type or Print)

Date: _____

Name in full: _____
(this name will appear on Academy rosters and certificates)

Mailing Address _____

Home Address _____

Phone Numbers: Office _____ Home _____ Email address: _____

Age _____ Date of Birth _____ Place of Birth _____

Graduate of _____ Dental School. Degree _____ Year of Graduation _____

Currently, I am in:

Private Practice _____

Teaching _____ (Where & in what capacity?) _____

Military Service _____ Branch _____

[Please check]

_____ I am applying for Associate Membership (All new members will be placed into this status for a minimum of one year. Active Membership is earned once you have performed a clinical operative procedure during an annual meeting and have completed one year as an Associate Member.)

I am a member in good standing of the following Dental Organizations: _____

I am affiliated with the following Study Club(s)[Please identify the **name and address of your mentor**]:

Mentor's Name and Address: _____

Members of the American Academy of Gold Foil Operators are dedicated to the performance of excellence in Restorative Dentistry, using all means and appropriate materials currently available, including isolation of the operating field with rubber dam wherever feasible. This Academy is probably the only one where it's members are obligated to perform clinically before a group of their peers. **All Active members have done this.**

Members are encouraged to make every effort to attend and participate in Annual Meetings, and to serve on committees when invited to do so.

NOTE: Membership applications must be endorsed by two Active or Life members.

Please mail this completed application with a check for \$50 made payable to AAGFO to:

AAGFO
Secretary-Treasurer
1 Woods End Road
Etna, NH 03750-4318

(There is no fee involved for transfer from Associate to Active status, or to Life status).

PROPOSERS MUST BE CURRENTLY MEMBERS IN GOOD STANDING OF THE AMERICAN ACADEMY OF GOLD FOIL OPERATORS AND HAVE DIRECT KNOWLEDGE OF THE PROPOSEE'S QUALIFICATIONS

Proposed by _____ Address _____

Date: _____ Email Address: _____

Signed: _____

Seconded by _____ Address _____

Date: _____ Email Address: _____

Signed: _____

=====

For office action only.

Received by Secretary: _____ Date _____ Applicant notified: _____ Date _____

Elected to membership: _____ Date _____ Applicant notified: _____ Date _____

Membership Certificate Sent: _____ Date _____