

AMERICAN ACADEMY OF GOLD FOIL OPERATORS

Membership Application



Date: _____

Name in Full: _____
(This name will appear on Academy rosters and certificates)

Mailing Address: _____

Home Address: _____

Office phone: _____ Cell phone: _____

Email address: _____

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 Student Membership

_____ I am applying for Associate Membership. All new members will be placed into Associate 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)

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 its members are obligated to perform clinically before a group of their peers.

Members are encouraged to make every effort to attend and participate in Annual Meetings, and to serve on committees when invited to do so. There is no fee for transferring from Associate to Active status, or to Life status.

Please mail this completed application and either email it to: secretary.aagfo@gmail.com, or mail it to:

AAGFO
Dr. Eric Morrison
4833 Bethesda Ave Suite #302
Bethesda, MD 20814

Received by Secretary: _____
Date

Membership Certificate Sent: _____
Date