

CAOMR Membership Application

SUMMARY OF YOUR ACTIVITY IN ORAL AND MAXILLOFACIAL RADIOLOGY

(include a copy of your curriculum vitae if you wish)

MEMBERSHIPS IN PROFESSIONAL DENTAL/MEDICAL SOCIETIES OR ACADEMIES:

Organization

Inclusive dates

Your cheque in Canadian dollars for one year's membership dues (\$150.00 for Active Members; \$50.00 for Associate Members) plus a \$10.00 application fee should accompany your application. Applicants for Student Membership are not required to send any payment.

QUALIFICATIONS FOR MEMBERSHIP CLASSIFICATIONS (These qualifications are subject to change if the Academy's Constitution and By-Laws have been amended.**):**

Active membership is open to:

A dentist who is a member in good standing of the Canadian Dental Association or another nationally recognized dental association; and a certified oral and maxillofacial radiologist, or an oral and maxillofacial radiologist who has earned recognition in oral and maxillofacial radiology by graduate or post-graduate training which satisfies the Committee on Membership, or is devoting at least 75% of her or his time to the practice or teaching of oral and maxillofacial radiology; or another professional whose major work and interest is within the scope of oral and maxillofacial radiology, who has demonstrated appreciable achievement in the field of oral and maxillofacial radiology and who has been recommended by the Membership Committee, may be classified as an Active Member on majority decision of the Elective Officers.

Associate membership is open to:

A dentist who is a member in good standing of the Canadian Dental Association or another nationally recognized dental association and who is devoting part of her or his practice, or part of her or his teaching and research program to oral and maxillofacial radiology, or another worker in oral and maxillofacial radiology who has demonstrated interest in oral and maxillofacial radiology and has been recommended by the Membership Committee, may be classified as an Associate Member on majority decision of the Elective Officers.

Student membership is open to:

A dentist who is a student in an accredited graduate or postgraduate program in oral and maxillofacial radiology and has been recommended by the Membership Committee, may be classified as a Student Member on majority decision of the Elective Officers.

CHECK CLASS OF MEMBERSHIP FOR WHICH YOU ARE APPLYING (The CAOMR reserves the right to determine the appropriate classification of membership for the applicant.**)**

Active ____ Associate ____ Student ____

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For ACTIVE MEMBERSHIP, two letters of recommendation are required from either active members of CAOMR, or specialists in oral and maxillofacial radiology who are members in good standing in their national specialty organization, or in the International Association of Dento-Maxillo-Facial Radiology. Please indicate below the names and postal and e-mail addresses of the individuals who will be submitting letters:

For ASSOCIATE MEMBERSHIP, one letter of recommendation is required from either an active member of CAOMR, or a specialist in oral and maxillofacial radiology who is a member in good standing in his national specialty organization, or in the International Association of Dento-Maxillo-Facial Radiology. Please indicate below the name and postal and e-mail address of the individual who will be submitting a letter:

For STUDENT MEMBERSHIP, a letter from the director of the graduate/postgraduate program is required. The letter must give detailed information concerning the character and qualifications of the candidate. Please indicate below the names and postal and e-mail addresses of the individual who will be submitting a letter;

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PLEDGE: I hereby apply for membership in the Canadian Academy of Oral and Maxillofacial Radiology and certify that I agree to uphold the provisions of the Academy's Constitution and By-Laws.

Signature of applicant _____ Date _____

Payment enclosed:

Annual Membership dues: \$150.00 (Active) _____ OR \$50.00 (Associate) _____
PLUS application fee \$10.00 _____ TOTAL: _____

(REMEMBER A CHEQUE IS NOT REQUIRED FOR STUDENT MEMBERSHIP APPLICATION)

MAKE CHEQUE PAYABLE TO:

Canadian Academy of Oral and Maxillofacial Radiology

MAIL TO: Dr. Michael Pharoah
Chair, Membership Committee, CAOMR
Faculty of Dentistry
University of Toronto
124 Edward Street
Toronto, Ontario
M5G 1G6

September 11, 2010