



**International Association for Orthodontics
Auxiliary Membership Form 2018-2019
Rondeau Seminars**

PLEASE TYPE OR PRINT CLEARLY

First/Given Name _____

Last Name/Surname _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone (_____) _____ Fax (_____) _____

Email _____ Website _____

NEW MEMBERSHIP
US \$ 55 IAO Membership
~~US \$ 30~~ Processing Fee
US \$ 55 Total Due

RENEWAL
US \$ 55 IAO Membership
IAO I.D. #: _____

TOTAL DUE USD \$55 _____

MASTERCARD VISA AMEX DISCOVER US MONEY ORDER

Card Number _____ Expiration Date _____
(mo/yr)

Security Code _____

Signature _____ Date _____

RETURN TO:

INTERNATIONAL ASSOCIATION FOR ORTHODONTICS
750 N Lincoln Memorial Dr. Suite 422
Milwaukee, Wisconsin 53202 USA
+414.272.2757 Fax: +414.272.2754