



**International Association for Orthodontics  
Application for Tier Advancement  
Fellow**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ IAO ID #: \_\_\_\_\_ Year you joined IAO: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dental School/Graduation Date: \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

Honors, Awards: \_\_\_\_\_

Published Articles: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Children: \_\_\_\_\_

Community Activities: \_\_\_\_\_

Tier for which you are applying: \_\_\_\_\_ Fellow (\$45)

Please check payment type:

MASTERCARD     VISA     AMEX     DISCOVER     US MONEY ORDER / US CHECK

Card Number \_\_\_\_\_ Expiration Date (mo/yr) \_\_\_\_\_

Security/CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please return this form, with your payment to:**

**International Association for Orthodontics  
750 N Lincoln Memorial Dr., Ste 422  
Milwaukee, WI 53202 USA  
414/272-2757 Fax: 414/272-2754  
E-mail: jennba@iaortho.org**