

# SOUTHERN CALIFORNIA OROFACIAL ACADEMY



## APPLICATION FOR MEMBERSHIP

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

DOCTOR'S EMAIL \_\_\_\_\_

OFFICE MANAGER OR CONTACT \_\_\_\_\_

OM OR CONTACT EMAIL \_\_\_\_\_

DDS DMD OR BDS TRAINING \_\_\_\_\_

SPECIALTY TRAINING \_\_\_\_\_

MD TRAINING \_\_\_\_\_

### APPLICATION FEE INCLUDES FIRST CE MEETING

**THIS INCLUDES REGISTRATION FOR \_\_\_\_\_**

Mail Application and Check to:

Susan Leslie Smith, Executive Director  
Southern California Orofacial Academy  
8236 Garibaldi Ave  
San Gabriel CA 91775-2436

One-Time Application Fee:

Active	\$600
Retired	\$300
Associate	\$200
Active Duty Military and Residents	N/C

OR FAX TO 626-287-1515 (Confidential to Susan Smith)

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_