

Email this form to:
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Submit payments online
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or mail a check to
DVSOMS
26 S. Bryn Mawr Avenue,
Bryn Mawr, PA 19010



APPLICATION FOR DVSOMS MEMBERSHIP

First Middle Last, Suffix Degree(s)

ADDRESS INFORMATION

Preferred Mailing Address: Office Home

Company Name

Office Address Suite/Floor City State ZIP Code

Office Phone Fax Work Email

Home Address Apartment/Unit City State ZIP Code

Home Phone Cell Personal Email

EDUCATION *Include month and year*

Dental

Beginning Date Graduation Date Degree

Name of College or University City State

Medical (if applicable)

Beginning Date Graduation Date Degree

Name of College or University City State

POSTGRADUATE TRAINING
OMS Residency

Include month and year

Start Date	Completion Date	Name of OMS Director
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Name of Institution	City	State	Country
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Fellowship

Start Date	Completion Date
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Name of Institution	City	State	Country
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Other Postgraduate

Start Date	Completion Date	Area of Study
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Name of Institution	City	State	Country
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PROFESSIONAL AFFILIATIONS

1. Are you a Diplomate of ABOMS?

No Yes: Year _____

2. Present type of practice

Currently a resident

Solo practice

Group practice – total in group _____

Dental Support Organization (DSO)

Veterans Affairs

Public Health Service

Federal Service (active duty Army, Navy, Air Force)

Full-time faculty, OMS program:

Full-time Faculty, non-OMS program:

Program Name _____ Program Director _____

3. Dental and Medical Society and Association Memberships

American Dental Association Year joined _____

American Medical Association Year joined _____

Other _____ Year joined _____

DECLARATION

I hereby pledge myself, as a condition of membership in the Delaware Society of Oral and Maxillofacial Surgeons, to pursue my calling with strict regard for the ethics of my profession; to place the welfare of my patients above all else; to endeavor constantly to advance in knowledge by study, interchange of thought; and attendance at clinics and association meetings; to regard scrupulously the interests of my professional colleagues and render willing help to them. It is understood that if I violate this pledge or do not live up to the Code of Professional Conduct, my name will be dropped automatically, or I may be subjected to disciplinary action or subject to expulsion. I understand that this application and all supporting documents remain the property of the Society.

I understand that the certificate of membership remains the property of the Society and must be returned when requested.

In addition, for and in consideration of the agreement of the Society to consider my application as foresaid, I hereby and herewith waive any right to any actions at law or equity which might otherwise arise out of any rejection by the Society. I, the undersigned, state that each of the matters and things set forth by me in the above foregoing application is true in substance and in fact; and I understand that each of the matters and things above set forth by me are material representations upon which the Delaware Society of Oral and Maxillofacial Surgeons is entitled in evaluation this application.

Applicant Signature _____ **Date** _____

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY

By applying for Fellowship or membership to the Delaware Society of Oral and Maxillofacial Surgeons (hereafter referred to as the "Association"), I agree to the following conditions during the processing and consideration of my application, regardless of whether or not I am elected to membership:

1. Authorization for Release of Information to the Association by Third Parties

By my signature below, I authorize the release of otherwise confidential information to the Society and its authorized representatives by sources such as official licensing or regulatory agencies, professional associations, hospitals or other healthcare organizations, educational institutions or other relevant sources.

2. Waiver of Liability

I extend immunity to, and release from any liability, the Society and its authorized representatives for any acts, communications or decisions regarding the processing, consideration and maintenance of my membership application and file.

3. Acknowledgement of Society Governing Rules and Regulations

I acknowledge that my membership status in the Society is based on the Society's Governing Rules and Regulations. I agree to abide by the provisions of the Governing Rules and Regulations and I recognize the Society has the right to limit or terminate my membership status under the Society's Constitution, Bylaws, Policies or Code of Professional Conduct.

Applicant Signature _____ **Date** _____

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Payment must be submitted through our website: www.dvsoms.org**