



*Application must be completed and accompanied by the application fee of \$150.*

APPLICATION FOR MEMBERSHIP IN THE  
HOUSTON SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS

Date \_\_\_\_\_

Full name \_\_\_\_\_ U.S. Citizens: Yes No

Office Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Date and place of birth.....(DD/MM/YY) \_\_\_\_\_ (City/St) \_\_\_\_\_

Education:

Pre-dental College/University \_\_\_\_\_ Graduation date \_\_\_\_\_ Degree \_\_\_\_\_

Dental College/University \_\_\_\_\_ Graduation date \_\_\_\_\_ Degree \_\_\_\_\_

Advanced education in Oral and Maxillofacial Surgery:

Program name \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Program Director \_\_\_\_\_

Dates....From \_\_\_\_\_ To \_\_\_\_\_

Additional courses and degree if any: \_\_\_\_\_

State in which you are licensed to practice and dates of licensure: \_\_\_\_\_

Military duty: (Rank, professional experience and inclusive dates) \_\_\_\_\_

Is your practice limited exclusively to oral surgery? \_\_\_\_\_ Number of years \_\_\_\_\_ Dates \_\_\_\_\_

Are you a Diplomat of the American Board of Oral and Maxillofacial Surgeons? \_\_\_\_\_  
Date \_\_\_\_\_

Are you engaged in research or teaching oral and maxillofacial surgery in a dental or medical institution? \_\_\_\_\_ Name of institution \_\_\_\_\_

Dental and medical societies to which you belong:

ADA? Yes No

AAOMS? Yes No

TSOMS? Yes No

OTHERS (list) \_\_\_\_\_

Have you previously applied for membership in this Society and if so, when? \_\_\_\_\_

List on a separate sheet an outline of your major contributions to dental literature.

List on the last page of this application a chronological outline of your professional activities from time of college/university matriculation to the present.

Present hospital affiliations:

Hospital \_\_\_\_\_ Staff position \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Chief of OMS \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Hospital \_\_\_\_\_ Staff position \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Chief of OMS \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Hospital \_\_\_\_\_ Staff position \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Chief of OMS \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Hospital \_\_\_\_\_ Staff position \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Chief of OMS \_\_\_\_\_

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Hospital \_\_\_\_\_ Staff position \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Chief of OMS \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_