



Application for Membership

Connecticut Society of Oral and Maxillofacial Surgeons

Name of Applicant: _____

Office Address: _____
_____ Tel.: _____

Home Address: _____
_____ Tel.: _____

Email Address: _____

Sponsors:

1. _____
2. _____

Sponsors must be members of the Connecticut Society of Oral and Maxillofacial Surgeons and are required to write a letter of recommendation directly to the Executive Director. When possible, one of the sponsors should be from the applicant's city or town.

Do not write below this line

Membership and Anesthesia Committee Action

Date Received: _____ Approved: _____ Disapproved _____

Recommendation: _____

Signed – Chairman

Date of Birth: _____

Place of Birth: _____

Pre-Dental School, Degree, and Date of Graduation:

Other Degrees, Date, and Where Obtained:

(Internships) Residences (give dates):

Military Service, Branch, Dates of Active Duty:

Date exclusive private practice of oral and maxillofacial surgery began in state of CT:

Membership in professional societies:

Teaching Positions:

Hospital Appointments (Indicate Courtesy or Staff):

Publications:

The CSOMS bylaws require that individuals applying for active membership shall consist only of AAOMS fellows or members in-good-standing. Are you a member of American Association of Oral and Maxillofacial Surgeons or have a pending application?

_____ Date: _____

Diplomate American Board of Oral and Maxillofacial Surgery?

_____ Date: _____

I hereby pledge myself, as a condition of membership in the Connecticut 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 society meetings; to regard scrupulously the interest of my professional brothers and render willing help to my colleagues.

I pledge myself to shun unwarranted publicity and commercialism; to make my fees in any form.

It is understood that if I violate this pledge or do not live up to the code of professional ethics, my name will be dropped automatically.

I understand that the plaque remains the property of the society and must be returned when requested as provided for in the society by-laws.

Signed: _____

Printed: _____

Date: _____

Please return application to Kendra Pheasant at kpheasant@ssmgt.com with an application fee of \$600, (which is not returnable if membership is not granted). This fee *is* considered dues for the current year. Payments made be issued to the address below, or contact staff if you wish to pay via credit card.

CSOMS
PO Box 30
Bloomfield, CT 06002