



THE CHARLES H. TWEED INTERNATIONAL FOUNDATION
FOR ORTHODONTIC RESEARCH AND EDUCATION

Annual Dues Statement for Year 2018-2019

June 1, 2018 through May 31 2019

OPTION 1: SEND A CHECK IN THE MAIL

Mail this completed form, along with a check payable to Charles H. Tweed International Foundation, to the address below.

Charles H. Tweed International Foundation
c/o Dr. James Vaden
308 E. First Street
Cookeville, TN 38501
Fax: (931) 526-1630 Phone: (931) 526-3717

Enter Payment Amount:

\$_____ \$100.00 Regular / Fellow / New Members Dues Payment 2018-2019

\$_____ \$250.00 Tweed Study Course Instructor Dues Payment 2018-2019

\$_____ \$100 or \$250 Additional Payment for Past Dues 2017-2018

\$_____ Amount of contribution to Charles H. Tweed International Foundation (U.S. tax deductible)

\$_____ **Total Amount of Payment**

OPTION 2: SECURE ONLINE PAYMENT

Mail or fax this form to Dr. Vaden's office. Make your online dues payment at www.tweedortho.com using PayPal, MasterCard, VISA, American Express or Discover credit card.

VERIFY YOUR CURRENT CONTACT INFORMATION

Enter your contact information below. Keep us updated with future changes by sending an email to chtweed@aol.com, as well as keeping your membership directory profile current at www.tweedortho.com.

NAME _____
Last Name (family name) First Name

EMAIL ADDRESS _____

HOME ADDRESS

Street _____

City _____ State _____ Country _____

Zip Code _____ Home Phone _____ Cell Phone _____

PRACTICING ORTHODONTIST BUSINESS ADDRESS

Street _____

City _____ State _____ Country _____

Zip Code _____ Business Phone _____ Business Fax _____