



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

Annual Dues Statement for Year 2017-2018  
June 1, 2017 through May 31 2018

**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 2017-2018

\$ \_\_\_\_\_ \$250.00 Tweed Study Course Instructor Dues Payment 2017-2018

\$ \_\_\_\_\_ \$100 or \$250 Additional Payment for Past Dues 2016-2017

\$ \_\_\_\_\_ 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](http://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](mailto:chtweed@aol.com), as well as keeping your membership directory profile current at [www.tweedortho.com](http://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 \_\_\_\_\_