



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

APPLICATION FOR MEMBERSHIP

To apply for membership in the Charles H. Tweed International Foundation, an applicant must have successfully completed the Tweed Study Course and show proof of membership, or eligibility for membership, in their country's W.F.O. recognized orthodontic association. The annual dues payment is \$100 for Regular/Fellow members.

SUBMIT THE FOLLOWING:

1. **APPLICATION FOR MEMBERSHIP**
2. **DOCUMENTATION** to show membership in your country's W.F.O. recognized orthodontic association. Send by mail with this application to the address below or email a copy to chtweed@aol.com. If you are not a member, provide documentation to show that you are eligible for membership such as a student identification card. Tweed Study Course graduates have already provided this proof and do not need to submit it with this application.
3. **NEW MEMBER DUES PAYMENT FOR ORTHODONTISTS: \$100.00**

Option 1:

Cash or check in U.S. funds payable and mailed to:
Charles H. Tweed International Foundation
2620 E. Broadway Blvd.
Tucson, AZ 85716

Option 2:

Credit card payment made online at www.tweedortho.com.

APPLICANT'S NAME _____
Last Name (family name) First Name

EMAIL ADDRESS _____

DATE COMPLETED TWEED COURSE _____
Month/Year

NAME OF ORTHODONTIC GRADUATE TRAINING PROGRAM **GRADUATION** Month/Year

HOME ADDRESS

Street _____

City _____ State _____ Country _____

Postal Zip Code _____ Home PH _____ Cell PH _____

PRACTICING ORTHODONTIST BUSINESS ADDRESS

Street _____

City _____ State _____ Country _____

Postal Zip Code _____ Business PH _____ Business FAX _____