



# Alpha Omega Dental Fraternity Southern California Chapters

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_  
(Last) (First) (MI)

SPOUSE'S NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (Phone)

\_\_\_\_\_ ( ) \_\_\_\_\_  
(City/ ZIP) (FAX)

E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (Phone)

\_\_\_\_\_ ( ) \_\_\_\_\_  
(City/ZIP) (FAX)

Which address do you prefer for correspondence? \_\_\_\_\_

HOW WOULD YOU LIKE YOUR AO BULLETINS (ALUMNEWS ) SENT?  DIGITALLY  HARD COPY  BOTH

DENTAL SCHOOL ATTENDED: \_\_\_\_\_ DEGREE(S) EARNED: \_\_\_\_\_ YEAR.: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_ POST - GRAD SCHOOL : \_\_\_\_\_ YEAR: \_\_\_\_\_

Were you a member of an AO Dental School Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_ Which chapter?: \_\_\_\_\_

ALUMNI CHAPTER YOU WISH TO JOIN: \_\_\_\_\_

**Please return this form to:**

Los Angeles Chapter  
c/o Dr. Gene Manusov  
3308 Butler Ave.  
Los Angeles, CA 90066  
Tel: (310) 398-9626  
Fax: (310) 915-7167  
[dr.genem1@verizon.net](mailto:dr.genem1@verizon.net)

SFV Chapter  
c/o Dr. Max Cutler  
17329 Weddington St.  
Encino, CA 91316  
(818) 986-0595  
(818) 986-7543  
[maxcutler@aol.com](mailto:maxcutler@aol.com)

BOCA (Orange County) Chapter  
c/o Dr. Robert Simon  
1321 N. Harbor Blvd., #203  
Fullerton, CA 92835  
(714) 525-5200  
(714) 525-5998  
[dr@robertLsimon.dds.com](mailto:dr@robertLsimon.dds.com)

Check Enclosed

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_