



**Alpha Omega
International Dental Society
Southern California Chapters**

Membership Application

Name _____
(Last) (First) (MI)

Address _____
(Street) (City/Zip)

Phone (____) ____-____ Fax (____) ____-____

E-Mail _____

Dental School Attended _____ Degree _____

Graduation Year _____ Specialty _____

Which Alumni Chapter do you wish to join?

Los Angeles _____ San Fernando Valley _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Los Angeles Chapter
Tally Kleinman
1489 South Durango Avenue
Los Angeles, CA 90035
424-354-8051
aosocal@gmail.com

San Fernando Valley Chapter
Max Cutler
17329 Weddington Street
Encino, CA 9316
PH: 818-986-0595
Fax: 818-986-7543
MaxCutler@aol.com