



Alpha Omega Dental Fraternity
Southern California Chapters

**MEMBERSHIP APPLICATION
ALUMNI**

NAME: _____
(Last) (First) (MI)

SPOUSE'S NAME: _____

OFFICE ADDRESS: _____
(Street) (City/Zip)

() _____ () _____
(Phone) (FAX)

E-MAIL: _____

HOME ADDRESS: _____
(Street) (City/ZIP)

() _____ () _____
(Phone) (FAX)

Which address do you prefer for correspondence? Home Office

DENTAL SCHOOL ATTENDED: _____ **DEGREE(S) EARNED:** _____
YEAR OF GRADUATION: _____

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 Tally Kleinman
1489 S. Durango Ave.
Los Angeles, CA 90035
Tel: (424) 354-8051
aosocal@gmail.com

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

Signature: _____ Date: _____