



International
Association of
Orofacial
Myology

Part 1: IAOM DIRECTORY INFORMATION

Please make sure your credentials are accurate.

Name: _____
 Credentials: _____
 Business Name: _____
 Preferred Mailing Address:

Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Fax: _____
 Email: _____
 Website: _____

******IAOM Website Directory is open to the public and anyone can access this information******

1) I give permission to the IAOM to post my name as well as the following information that I specify on the IAOM website directory (**please circle**) **email address work phone Specify location** _____

2) Are you retired? **YES NO**

Part 2: Continuing Education

Date of last IAOM Conference Attended _____

And/or date of last course taken related to the field of OMD _____

I certify that my IAOM CEUs are current per the IAOM bylaws. Please initial _____

Part 2: MEMBERSHIP RENEWAL

- _____ **Certified \$150.00**
- _____ **Active \$150.00**
- _____ **Associate \$140.00**
- _____ **Life/Honorary: FEE WAIVED**
(Please respond, so that we know if you want to continue to receive mailings)
- _____ **Donation (thank you)**

IAOM will now accept Visa and MasterCard credit cards for payment of your annual dues. Please provide the following information in writing.

Name on card: _____
 Card #: _____
 Expiration date: _____ Billing Zip Code: _____
 CVV Code on back: _____

All membership cards will be sent via E-mail, unless otherwise requested.

Renewal Fees are due by 12/31/11. ****DUES** not paid on or before 1/15/12 will be considered delinquent and subject to a late fee of **\$10.00**. Membership privileges shall be suspended if full payment of dues, plus late charges, are unpaid after 3/1/12.

You can also pay on our secure website at: iaom.com/MembersLogin

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