

**THE EDWARD H. ANGLE SOCIETY OF ORTHODONTISTS  
THE SOUTHWEST COMPONENT**

***GUEST APPLICATION***

**PLEASE TYPE  
TO BE COMPLETED BY PRIMARY SPONSOR**

This form is for initial attendance as a guest and is to be completed by one sponsor.

NOTE: It is the responsibility of the sponsor submitting this guest application to secure a second sponsor for the proposed guest and place his/her name on this application. This application must be submitted to the executive secretary 30 days prior to the meeting to which the guest is being invited. The President will then extend the guest invitation, if it is approved.

1. \_\_\_\_\_  
MONTH                  DAY                  YEAR
2. \_\_\_\_\_  
GUEST NAME IN FULL                  LAST                  FIRST                  MIDDLE                  DEGREES                  SPOUSE
3. \_\_\_\_\_  
OFFICE ADDRESS                  NUMBER                  STREET                  CITY                  STATE                  ZIP                  OFFICE PHONE
4. \_\_\_\_\_  
HOME ADDRESS                  NUMBER                  STREET                  CITY                  STATE                  ZIP                  HOME PHONE
5. 1. \_\_\_\_\_  
FULL NAME OF PRIMARY SPONSOR                  CITY                  STATE                  ZIP                  OFFICE PHONE
2. \_\_\_\_\_  
FULL NAME OF SECONDARY SPONSOR                  CITY                  STATE                  ZIP                  OFFICE PHONE
6. \_\_\_\_\_  
MEETING DATE AND LOCATION THIS REQUEST IS FOR:                  DATE                  LOCATION
7. IS THIS GUEST BEING INVITED ONLY FOR THIS MEETING? EXPLAIN \_\_\_\_\_
8. IS IT YOUR INTENTION TO PROPOSE THIS GUEST FOR AFFILIATE MEMBERSHIP? IF YES, WHEN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. PLEASE GIVE A BRIEF RESUME OF THE GUEST'S PERSONAL, EDUCATIONAL, AND PROFESSIONAL BACKGROUND. INCLUDE PROFESSIONAL ORGANIZATIONS AND PRACTICE HISTORY.  
\_\_\_\_\_  
\_\_\_\_\_
10. HOW MANY TIMES HAS THE GUEST ATTENDED MEETINGS OF THE EDWARD H. ANGLE SOCIETY OF ORTHODONTICS? \_\_\_\_\_  
WHEN? \_\_\_\_\_
11. PLEASE STATE BRIEFLY WHY THE GUEST WOULD LIKE TO ATTEND THE EDWARD H. ANGLE SOCIETY OF ORTHODONTICS MEETING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRIMARY MEMBER SPONSORING GUEST

\_\_\_\_\_  
SIGNATURE OF SECOND MEMBER SPONSORING GUEST

*Return to: Dr. R. G. "Wick" Alexander – 840 W. Mitchell – Arlington, Texas 76013 - USA*