



## Alliance 2009 Membership Form

### *What is the purpose of the Alliance?*

- To afford an opportunity for spouses, friends and allied staff of oral and maxillofacial surgeons to become active and involved in the specialty.
- To support current health and social issues related to family, community and the specialty.
- To provide financial support for priority specialty-related projects.

### *Who can join?*

- Spouses, friends and allied staff of Foundation and AAOMS members are encouraged to join the Alliance.

### *What are the accomplishments of the Alliance?*

- In 2009, \$5,000 unrestricted gift to OMSF in celebration of OMSF's 50<sup>th</sup> Anniversary and offered five Resident Spouse Scholarships to the 2009 Annual Meeting.
- In 2008, the Alliance contributed \$12,500 to support a Student Research Training Award Massachusetts General Hospital and offered four new \$500 scholarships for resident spouses to attend the AAOMS Annual Meeting.
- In 2007, not only purchased \$32,000 in software for OMSF, but also contributed \$5,000 in support of the Third Molar Study.
- In 2006, the Alliance contributed \$15,000 to OMSF in support of a Research Support Grant to Dr. Brian Schmidt at the University of California in San Francisco.
- In 2005, the Alliance contributed \$10,000 to OMSF for research and \$5,000 to foster REAP.
- In 2004, the Alliance supported the continuation of the Third Molar Study with a \$5,000 gift.
- In 1995, the Alliance awarded the Alliance Pediatric Fellowship, \$15,000, to the University of Michigan.

### *For more information...*

- Call 847-233-4325 or visit [www.omsfoundation.org/alliance](http://www.omsfoundation.org/alliance)
- Mail completed membership form to: OMSF Alliance, 9700 W. Bryn Mawr Avenue, Rosemont, IL 60018
- Fax completed membership credit payment to: 847-678-6254

Patron Annual Membership: \$125                      \$ \_\_\_\_\_

Annual Membership: \$75                                      \$ \_\_\_\_\_

Additional Alliance Gift/Donation                      \$ \_\_\_\_\_

Resident Spouse Scholarship Fund                      \$ \_\_\_\_\_

**Total**    \$ \_\_\_\_\_

Please charge my     Mastercard     Visa

Name as it appears on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Donate online at [www.omsfoundation.org](http://www.omsfoundation.org)**