

MASTERSHIP APPLICATION

Fellowship and Mastership status in AES recognizes and awards members of the AES who have made the appropriate commitment to the field of dentistry through continuing education, particularly in the area of occlusion, TMD, and comprehensive care. Upon acceptance of this application your AES membership category will be upgraded to **Active Member – AES Master** which will be publicly recognized on the AES Member Directory and recognized at the AES Annual Scientific Meeting.

Name and Professional Credentials

Requirements for recognition as an Active Member – AES Master. Please check each requirement as complete and provide supporting documentation as indicated.

- The AES member must be in good standing (as specified by the bylaws) and be currently recognized as an AES MASTER.
 Please list your membership number and the year you were recognized as an AES Fellow
- Acknowledge that a failure to maintain membership will result in the loss of mastership status in the AES;
- Made a presentation at an annual AES Scientific Meeting (includes speaking and/or poster presentation) or published in a peer reviewed journal.
 Please indicate the year/type of your presentation or the published article that meets this requirement.
- A letter of recommendation from a current Fellow, Master, Director or Officer of the AES. Please the name of the AES Fellow, Master, Director or Officer who will be submitting your letter of recommendation.



Occlusion, TMD, **Comprehensive Care**

Contact Information Verification

I have verified that my contact information as listed in my AES member profile is correct.

Or please update my address, email and/or phone number as applicable.

Verification Signature attesting to the completion of each requirement

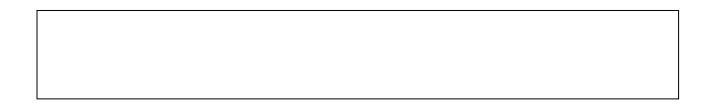
and permission to process payment of \$300.00.

A one-time \$300 administration fee will be charged before Mastership (MAES) status is awarded. Payable via

Check #:

Credit Card:	Visa	MasterCard	AMEX	
Credit Card Number:				
Expiration:			Security Code	
MM/YR				Visa/MC 3 digit code/AMEX 4 digit code

If the billing address for your credit card is different from what is your membership profile please list it here.



Please send all completed applications to the AES office via email to exec@aes-tmj.org and admin@aes-tmj.org or fax to: 609-573-5064 or mail to: 325 Jimmie Leeds Rd.; Suite7, #112; Galloway, NJ 08205