

Your Membership Matters!

Join the CAO and help us shape the
orthodontic industry.



**ADVOCACY
EDUCATION & MENTORING
MEMBER SUPPORT**

JOIN US!



The Canadian Association of Orthodontists is the national organization and official voice for registered orthodontic specialists and is dedicated to the promotion of the highest standards of excellence in orthodontic education and quality orthodontic care.

Together we can:

- Advance the Science and Art of Orthodontics.
- Create higher standards of excellence in the practice of orthodontics.
- Protect the rights of all members as certified specialists in orthodontics.
- Promote public awareness of the benefits of orthodontic health care rendered by certified specialists in orthodontics.

ADVOCACY

CAO advocates on behalf of all Canadian orthodontists on emerging issues.

Providing community support with our Smiles4Canada Program.

Development of Canadian-centric Consumer Marketing to educate consumers on key issues.

EDUCATION & MENTORING

Access to our extensive library and other resources to further the education of your entire team.

Mentoring and ongoing support to our youngest members.

Attendance at the CAO Annual Scientific Conference – a great way to network or learn about the latest innovations in our industry.

MEMBER SUPPORT

Keeping you up to date on information vital to your practice such as third party insurance guidelines, HST guidelines, etc.

Support from the CAO Helpline – a service which helps resolve disputes between patients/parents and the member orthodontist.

Access to the services in the Members Only Section of the CAO website.



MEMBERSHIP OPTIONS

Active Member

A person who is registered as an orthodontic specialist with a Dental Regulatory Authority (DRA) in Canada may apply for active membership in this Association. Active Members shall pay all dues and assessments.

Life-Active Member

Members of this Association who have been Active or Academic Members of this Association for 35 consecutive years shall be granted Life-Active Membership. Life-Active Members shall pay 50% of all Active Members dues and assessments, and shall be eligible to hold office in the Association.

Student to Active Member

A CAO Student Member who has graduated from an accredited orthodontic program and fulfills the requirements for membership may apply for Active Membership status. Discounts are available for the first and second year following graduation. The full Active rate commences with the third year following graduation.

Student Member

Graduate and postgraduate students presenting evidence of active enrollment in a Commission on Dental Accreditation approved graduate level program are eligible to apply for student membership. The application must be confirmed by the Head of the Orthodontic Department where the student is enrolled. Student members shall be exempt from payment of all dues and assessments and shall not be eligible for voting privileges and shall not be eligible to hold office in the Association.

Academic Member

A person who has successfully completed a university level program in orthodontics and is employed full time in an orthodontic program accredited by the Commission on Dental Accreditation of Canada may apply for Academic membership. Academic membership must be accompanied by verification of full time employment by the Dean or Chair of the Orthodontic department where applicant is employed. Academic membership status shall automatically terminate upon the earlier of the following: (1) election to active membership in the Association; or (2) termination of full-time employment in an orthodontic program accredited by the Commission on Dental Accreditation of Canada. Academic Members receive all Active Member benefits, may hold office in the Association, and are eligible for discounts on their annual dues.

Please contact the office for current membership pricing: cao@touchpointamc.ca

Membership Application Form

Please select one: **ACTIVE** **STUDENT TO ACTIVE** **ACADEMIC** **STUDENT**

I, _____ hereby apply for membership in the Canadian Association of Orthodontists, and, if approved, agree to abide with the constitution of the said Association.

Principle Office/University Address:

Street: _____ City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Practice Name:: _____

Permanent (Residence) Address:

Street: _____ City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Techniques Used:

Functional Edgewise 0.18 Edgewise .022 Lingual Clear Removable Appliances Self Ligating

Dental Education:

University: _____ City: _____

Province/State/Country: _____ Graduation Year: _____

Orthodontic Education:

University: _____ City: _____

Province/State/Country: _____ Date of Graduation: _____

Are you a current AAO member? Yes No



Active and Academic Members:

I wish I do not wish

To have my complete contact information as noted above, including email address, in the "Find an Ortho" section of the website. (Members contact information will not be used for any other purpose other than to inform members of CAO business).

I consent to the Canadian Association of Orthodontists contacting the necessary authorities, including the Dental Regulatory Authorities and Universities to confirm statements made in this application.

Signature: _____ Date: _____

cheque payable to CAO  

If you wish to pay by Credit Card, you will be sent an invoice.

Signature: _____ I have enclosed copy of Licence from the DRA