

AUTOPP
Association of University
Temporomandibular Disorders and Orofacial Pain Programs

Membership Application

Select one	New Member	Update Information for Current Member	
Name	Degrees		
University	Department		
Mailing Address			
City	State	Zipcode	
Country	Email		
Work Telephone (enter area code + 7 digits, only)		FAX (enter area code + 7 digits, only)	
Academic Rank		Title (e.g., Clinic Director, Training Director, etc)	
Define the TMD/OFP Program in your school			
Describe your role in TMD/OFP Program			
Percentage Time of Faculty Appointment Devoted to Program		%	Are you volunteering your efforts? (Circle) YES NO

New Members: Please complete this application and submit it with your current CV to the AUTOPP secretary.

Current Members: Please complete only this form and submit it to the AUTOPP secretary.