



Member Data Update

ISOMS.net

Please keep us informed if you have changed your address, phone, fax, email or other listed data. This information will be used for our database, mailings and any future membership directories. We rely primarily on email to send electronic newsletters and other notices. The email address of your practice manager may also be added for newsletters.

Return this form to: Illinois Society of Oral and Maxillofacial Surgeons, 75 Commerce Dr. #767, Grayslake IL 60030, or preferably by efax to 847-574-0445 or by email to Illinoisoms@gmail.com. You are welcome to contact us by phone at 847-482-0222.

First _____ MI _____ Last/Title _____

IL License # _____ Dental Anes. # _____

Primary office _____ Suite _____

Line 2 for address if needed _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Office #2 _____ Suite _____

Line 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Your practice web site, if any _____

Practice Manager Name _____ **Email** _____

Please limit your listed addresses to 2 offices.

Signature _____

Full name, printed _____