



THE CHARLES H. TWEED INTERNATIONAL FOUNDATION
FOR ORTHODONTIC RESEARCH AND EDUCATION

Annual Dues Statement for Year 2024-2025
June 1, 2024 through May 31, 2025

OPTION 1: SEND A CHECK IN THE MAIL

Mail this completed form, along with a check payable to Charles H. Tweed International Foundation, to the address below. **Please note that dues are now mailed to Tucson, AZ.**

Charles H. Tweed International Foundation
2620 E Broadway Blvd
Tucson, AZ 85716
Fax: (520) 326-1163 Phone: (520) 326-6002

Enter Payment Amount:

\$ _____ \$100.00 Regular / Fellow / New Members Dues Payment 2024-2025

\$ _____ \$250.00 Tweed Study Course Instructor Dues Payment 2024-2025

\$ _____ \$100 or \$250 *Additional Payment for Past Dues 2023-2024*

\$ _____ *Amount of contribution to Charles H. Tweed International Foundation (U.S. tax deductible)*

\$ _____ **Total Amount of Payment**

OPTION 2: SECURE ONLINE PAYMENT

Mail, email or fax this form to the Charles H. Tweed Foundation if there are any changes in your contact information. Make your online dues payment at www.tweedortho.com using PayPal, MasterCard, VISA, American Express or Discover credit card.

VERIFY YOUR CURRENT CONTACT INFORMATION

Enter your contact information below. Keep us updated with future changes by sending an email to chtweed@aol.com, as well as keeping your membership directory profile current at www.tweedortho.com.

NAME _____
Last Name (family name) First Name

EMAIL ADDRESS _____

HOME ADDRESS

Street _____

City _____ State _____ Country _____

Zip Code _____ Home Phone _____ Cell Phone _____

PRACTICING ORTHODONTIST BUSINESS ADDRESS

Street _____

City _____ State _____ Country _____

Zip Code _____ Business Phone _____ Business Fax _____