



## MEMBERSHIP REGISTRATION FORM

I hereby apply for a membership in the BDIZ EDI  
(European Association of Dental Implantologists)

Name: .....

First Name: .....

Country: .....

Zip Code/City: .....

Street: .....

Phone: .....

Fax: .....

E-Mail: .....

Homepage: .....

Date of Birth: .....

Practicing implantology since: .....

Member of other Societies:

☐ ICOI ☐ BDO ☐ DGI ☐ DGZI ☐ DGMKG ☐ EAO

Continuing education Courses: .....

.....

Fellowship status / diplomate status in implantology

☐ Yes ☐ No ☐ Organisation .....

Entry in BDIZ EDI Directory: ☐ Yes ☐ No

(For information on BDIZ EDI Directory of Implant Dentists see overleaf)

The annual membership fee for:

### FULL MEMBERSHIP

☐ Full member – clinical EUR345.00

☐ Assistant dentist / young professional  
(up to 5 years after graduation) EUR172.50

☐ Second membership / family member EUR172.50

### EXTRAORDINARY MEMBERSHIP

☐ Co-operative Member EUR165.00  
(Professionals without practice  
and dental technicians)

☐ Students non-contributory

☐ Supporting Membership EUR530.00  
(Companies etc.)

### Payment

Membership cannot be confirmed until payment is processed. Method of payment is by bank transfer. Please use the following banking account

Commerzbank Bonn

Account Number: 310 144 100  
Bank Code: 380 400 07  
IBAN: DE96 3804 0007 0310 1441 00  
BIC: COBADEFFXXX

Membership cards will be sent upon receipt of the annual subscription fee.

City/Date: .....

Seal/Signature: .....

Please return the completed registration form to:

European Association of Dental Implantologists e.V.

Lipowskystr. 12 · 81373 Munich · Germany

Phone: + 49 89 7206-9888, Fax: + 49 89 7206-9889

E-Mail: office@bdizedi.org, Homepage: www.bdizedi.org

BDIZ EDI • Lipowskystr. 12 • 81373 Munich, Germany • Phone: +49 89 7206-9888 • Fax: +49 89 7206-9889  
office@bdizedi.org • www.bdizedi.org

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