

MEMBERSHIP REGISTRATION FORM

I hereby apply for a membership in the BDIZ EDI

(European Association of Dental Implantologists)	FULL MEMBERSHIP		
Name:	☐ Full member – clinical		EUR345.00
First Name:	☐ Assistant dentist / young professional (up to 5 years after graduation)		EUR172.50
Country:	☐ Second membership / family member		EUR172.50
Zip Code/City:	EVED A ORDINA DV A FEADERS:		
Street:	EXTRAORDINARY MEI	MBERSHIP	
Phone:	☐ Co-operative Member EUR165. (Professionals without practice and dental technicians)		EUR165.00
Fax:			
E-Mail:	☐ Students		non-contributory
Homepage:	☐ Supporting Membersh (Companies etc.)	ip	EUR530.00
Date of Birth:	Payment Membership cannot be confirmed until payment is processed. Method of payment is by bank transfer. Please use the following banking account		
Practising implantology since:	Commerzbank Bonn		
Member of other Societies:	Account Number: Bank Code:	310 144 100 380 400 07	240 4444 00
□ICOI □BDO □DGI □DGZI □DGMKG □EAO	IBAN: BIC:		
Continuing education Courses:	Membership cards will be s subscription fee.	ent upon receipt of the	annual
	City / Date:		
	Seal/Signature:		
Fellowship status / diplomate status in implantology	5 ca., 5.g. aca c		
	Please return the completed registration form to:		
☐ Yes ☐ No ☐ Organisation	European Association of Dental Implantologists e.V.		
Entry in BDIZ EDI Directory: ☐ Yes ☐ No	Lipowskystr. 12 · 81373	,	16 0000
Entry in BDIZ EDI Directory: Yes No (For information on BDIZ EDI Directory of Implant Dentists see overleaf)	Phone: + 49 89 7206-9888, Fax: + 49 89 7206-9889 E-Mail: office@bdizedi.org, Homepage: www.bdizedi.org		
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The annual membership fee for:

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