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: .....

Practising 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 (Professionals without practice and dental technicians)	EUR165.00
☐ Students	non-contributory
☐ Supporting Membership (Companies etc.)	EUR530.00

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

The commercial processing of your personal data on this form is based on the EU General Data Protection Regulation (GDPR – Regulation (EU) 2016/679 of 27 April 2016), Article 6 f GDPR by the European Association of Dental Implantologists (BDIZ EDI), Lipowskystr. 12, 81373 Munich/Germany.
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