



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 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.

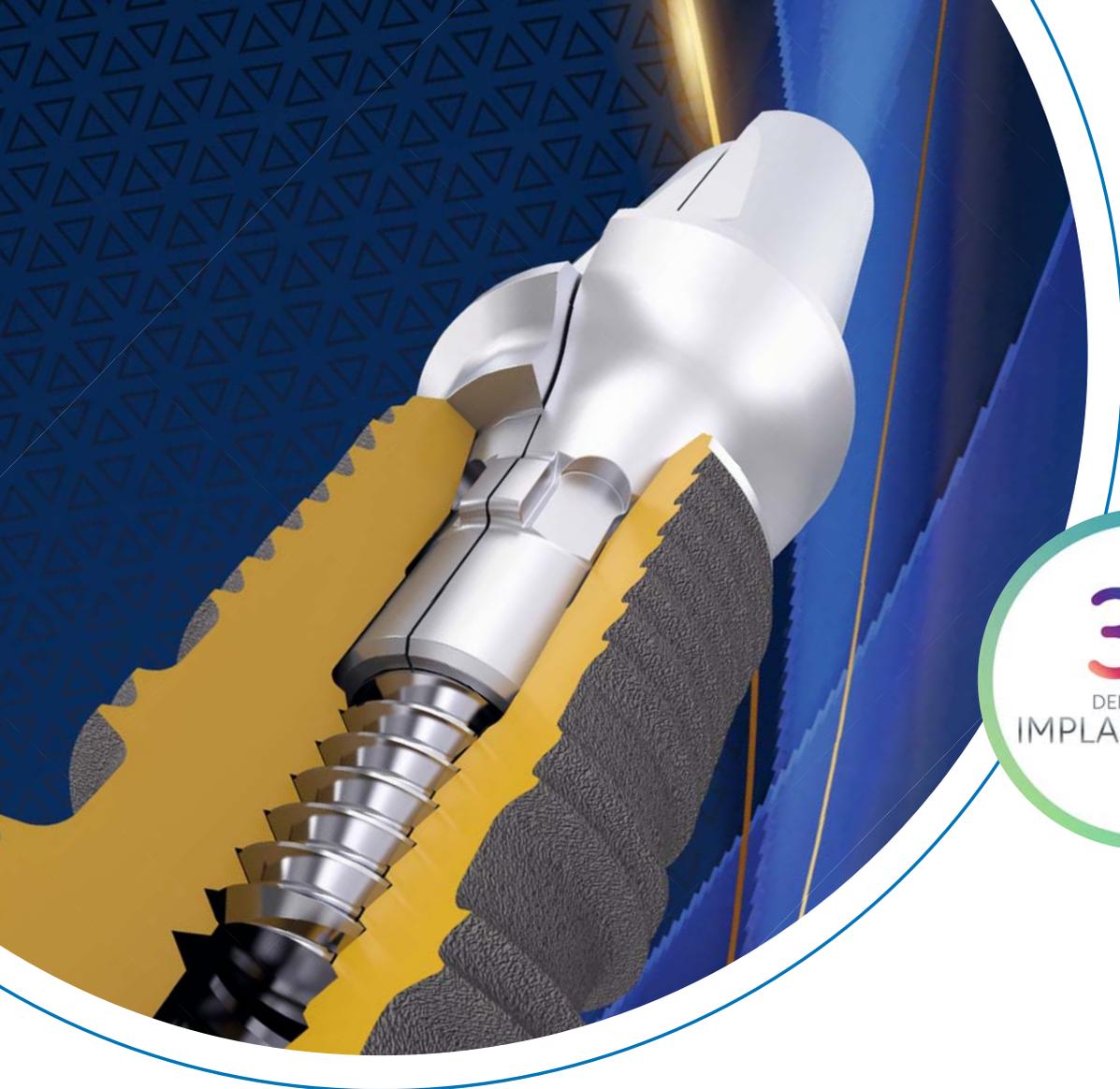
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