## German Association of Dental Implantology

Please send your Membership application to:

Founded in 1970

DGZI e.V.

Paulusstr. 1

40237 Düsseldorf



Central Office & Secretary of the Board

DGZI e.V.

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> office@dgzi-info.de www.dgzi.de

## GERMANY

## MEMBERSHIP APPLICATION FORM

Please fill out this application form in print letter, thank you.

## PERSONAL DATA

Name	First name
Title	Citizenship
Date of birth	
Street	City, zip code
Country	
Phone, country and city code	FAX
<u>E-mail</u>	Homepage
Special qualification	
Spoken languages	
Do you have experience in Implantology?	
□ Yes	
□ No	
MEMBERSHIP FEE	AGREEMENTS
Hereby, I want to apply for the membership in the DGZI.	Herby I agree to publish of my personal data in all concerns
Full member (outside Germany) – 125 Euro p.a.	of the DGZI e.V.!
□ Students/Auxiliaries (outside Germany) – 60 Euro p.a.	
	Sign

PAYMENT

By credit card:

Card holders name

Expiry date

 Please use your: (make a cross by the card u want to use)

 Visacard
 Mastercard

Card no \_\_\_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_ | \_\_\_\_

/

By check:

City of sign, Date

Please send a check to the DGZI central office  ${}_{(address\ in\ the\ top)}$  in amount of the membership fee in US Dollar.