German Association of Dental Implantology
(Deutsche Gesellschaft für zahnärztliche Implantologie e.V., DGZI)
Founded in 1970

Please send your membership application to:

DGZI e.V.
Paulusstr. 1
40237 Düsseldorf

GERMANY

Central Office &
Secretary of the Board

DGZI e.V.
Paulusstr. 1
40237 Düsseldorf
Germany

Phone: +49 211 16970–77
FAX: +49 211 16970–66

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

MEMBERSHIP APPLICATION FORM

Please complete this application form in block letters.

PERSONAL DATA

NAME _____ FIRST NAME _____

TITLE _____ CITIZENSHIP _____

DATE OF BIRTH _____

STREET _____ CITY, ZIP CODE _____

COUNTRY _____

PHONE, COUNTRY AND AREA CODE _____ FAX _____

E-MAIL _____ HOMEPAGE _____

SPECIAL QUALIFICATION _____

SPOKEN LANGUAGES _____

Do you have experience in implantology?

❏ Yes ❏ No

MEMBERSHIP FEE

I wish to apply for membership of the DGZI.

❏ Full membership (outside Germany) – 125 Euro p.a.
❏ Students/auxiliaries (outside Germany) – 60 Euro p.a.
❏ I have transferred the annual fee to the DGZI bank account c/o Dr Rolf Vollmer:
IBAN: DE33 5735 1030 0050 0304 36 | KSK Altenkirchen |
SWIFT/BIC: MALADE51AKI

AGREEMENTS

I hereby agree to have my personal data processed and published for all purposes of the DGZI.

_____
SIGNATURE

_____
PLACE, DATE

PAYMENT

By credit card:

Card holder's name _____

Card number _____

Expiry date _____ / _____

Please use your: (Please mark as appropriate)
Visa ☐ MasterCard ☐