

German Association of Dental Implantology

(Deutsche Gesellschaft für zahnärztliche Implantologie e.V., DGZI)

Founded in 1970



Central Office &
Secretary of the Board

Please send your membership application to:

DGZI e.V.

Paulusstr. 1
40237 Düsseldorf

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40237 Düsseldorf
Germany

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FAX: +49 211 16970-66

GERMANY

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:

Please use your: (Please mark as appropriate)

Visa MasterCard

Card holder's name _____

Card number | | | | | | | | | | | | | | | | | | | | | |

Expiry date ____ / ____