

# Membership Application Form

IM 1/15

I hereby to apply for membership of the DGZI – German Association of Dental Implantology (Deutschen Gesellschaft für Zahnärztliche Implantologie e.V.).  
Please send this form via FAX to +49 211 16970-66.

Do you have experience in implantology? (mandatory)

Yes  No

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

Full membership (outside Germany)  Assistant doctors (outside Germany)  Students/auxiliaries (outside Germany)  
⇒ 125 Euro p.a. ⇒ 60 Euro p.a. ⇒ 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

## Personal Data

Name	First name	Date of birth
Title	Citizenship	
Street	City, ZIP code	Country
Phone, Country and Area code	Fax	
E-Mail	Homepage	
Special qualification	Spoken languages	

## Payment (by credit card)

Please use your: (Please mark as appropriate)

Visa  MasterCard

Card holder's name	Card number
Expiry date	
Signature	Place, Date

Please complete this application form in block letters.

**FOR FURTHER INFORMATION PLEASE CONTACT**



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