Membership Application Form

IM 1/16

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) ⇨ 125 Euro p.a.
○ **Assistant doctors** (outside Germany) ⇨ 60 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

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

DGZI Deutsche Gesellschaft für Zahnärztliche Implantologie e.V.

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