



MEMBERSHIP REGISTRATION FORM

I hereby apply for a membership in the BDIZ EDI
(European Association of Dental Implantologists)

Name:

First Name:

Country:

Zip code / City:

Street:

Phone:

Fax:

E-Mail: @

Homepage:

Date of Birth:

Practicing implantology since:

Member of other Societies:

ICOI BDO DGI DGZI DGMKG EAO

Continuing education Courses:

Fellowship status / diplomate status in implantology

Yes No Organization

Entry in BDIZ EDI Directory: Yes No
(For information on BDIZ EDI Directory of Implant Dentists see overleaf)

The annual membership fee for:

FULL MEMBERSHIP

- | | |
|---|-------------|
| <input type="checkbox"/> Full member - clinical | 345,00 Euro |
| <input type="checkbox"/> Assistant dentist / young professional
(up to 5 years after graduation) | 172,50 Euro |
| <input type="checkbox"/> Second membership / family member | 172,50 Euro |

EXTRAORDINARY MEMBERSHIP

- | | |
|--|------------------|
| <input type="checkbox"/> Co-operative Member
(Professionals without practice
and dental technicians) | 165,00 Euro |
| <input type="checkbox"/> Students | non-contributory |
| <input type="checkbox"/> Supporting Membership
(Companies etc.) | 530,00 Euro |

Payment

Membership cannot be confirmed until payment is processed. Method of payment is by bank transfer. Please use the following banking account.

Commerzbank Bonn

Account Number: 310 144 100
Bank Code: 380 400 07
IBAN: DE96 3804 0007 0310 1441 00
BIC: COBADEFFXXX

Membership cards will be sent upon receipt of the annual subscription fee.

City / Date :

Seal / Signature:

Please return the completed registration form to:

European Association of Dental Implantologists e. V.
An der Esche 2 • D - 53111 Bonn
Fon: + 49 (0) 228-93592-44
Fax: + 49 (0) 228-93592-46
E-Mail: office-bonn@bdizedi.org
Homepage: www.bdizedi.org