

MEMBERSHIP APPLICATION

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

NAME:

(As you wish it to appear on membership certificates, the internet directory, etc.) License # (if applicable) _____

First _____ Initial(s) _____ Last _____ Degree(s) _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Date of Birth _____

Personal E-mail _____

Practitioner's Name _____

Office Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ E-mail _____

EDUCATION:

High School _____ Degree _____ Date _____

College _____ Degree _____ Date _____

Graduate _____ Degree _____ Date _____

PLEASE LIST ANY ADDITIONAL FORMAL TRAINING/EDUCATION:

DENTAL EXPERIENCE:

- How many years have you worked in the dental field? _____
- What is your present position? _____
- Do you now or have you ever worked in a facility associated with dental implants? Yes No
- If yes, how many years? _____ Position _____

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ASSOCIATION OF DENTAL IMPLANT AUXILIARIES is a component society of the International Congress of Oral Implantologists. As the number of dental implant practices in the world grows and develops, there is a need for auxiliaries to do the same. A goal of our association is to introduce education related to implants into your practice or increase your implant practice as a "team." The main purpose of the ADIA is to develop educational criteria and training for certification and to provide an organized vehicle for auxiliaries to contribute to the field of oral implantology/implant dentistry.

PLEASE LIST OTHER PROFESSIONAL SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER. Include your involvement (e.g. member, speaker, officer, etc.):

Organization _____ Offices held _____
Organization _____ Offices held _____
Organization _____ Offices held _____

BENEFITS INCLUDE:

- Continuing Education Units
- Certification Programs
- ADIA Webinars
- Access to archive of implant dentistry articles
- ICOI's Digital Glossary of Implant Dentistry, a comprehensive guide to implant terminology
- Newsletters and digital journals
- Mentoring by experienced professionals in the field of implant dentistry
- ICOI/ADIA website membership listing at icoi.org
- Lecturing and publishing opportunities
- A network of colleagues to associate with and share experiences

ANNUAL MEMBERSHIP DUES: \$50.00

PAYMENT:

- Check (please make check payable to ICOI)
- Visa MasterCard American Express

Card # _____ Exp. Date _____ CVV# _____

Signature _____ Date _____

**RETURN THIS APPLICATION WITH YOUR PAYMENT IN U.S. FUNDS TO:
ASSOCIATION OF DENTAL IMPLANT AUXILIARIES**

1 Bridge Plaza N, Suite 950, Fort Lee, New Jersey 07024
Phone: 973-783-6300 • Fax: 973-783-1175 • adia@dentalimplants.com