ADIA ICOI

MEMBERSHIP APPLICATION *RENEWAL*

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 _____ Member ID _____

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 _____

ANY CHANGE IN INFORMATION *(degrees, contact information, etc.):*

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