

Membership Application

Canada Membership

Name

(As you wish it to appear on membership certificates, website listing, etc.)

AGD # _____

License # _____ Country of Licensure _____

First _____ Initial(s) _____ Last _____ Degrees _____

Address

Practice/Business Name _____

Office Address _____ Suite _____

City _____ State/Province _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Date of Birth _____

Web Address _____

Home Address _____ City _____ State/Province _____ Zip _____

Cell _____ Personal E-mail _____

Primary Address: Office Home (for membership website listing, publications and membership mailings)

Education

Dental School _____ Degree(s) _____ Date rec'd _____

Technology School _____ Degree(s) _____ Date rec'd _____

Graduate School _____ Degree(s) _____ Date rec'd _____

Specialty _____

- Endodontist Generalist Oral & Maxillofacial Surgeon Periodontist Prosthodontist
 Lab Technician Industry Personnel Full-Time Faculty Member

Experience in Implant Dentistry

Implant continuing education hours in last 3 years: _____

Experience in implant dentistry: less than 10 cases 25-50 cases more than 100 cases

Involvement with implant dentistry: Surgery Prosthetics Periodontics/Maintenance Technology

Academic Other _____

How Did You Learn About the ICOI?

Member referral (specify) _____ E-mail Internet Direct mail

Publication Course _____ Other _____

ICOI Membership Application

Canada Membership (continued)

Annual Membership Dues Include

- ICOI's Official Journal, *International Journal of Oral Implantology* (IJOI) formerly *European Journal of Oral Implantology* (EJOI), archives available online
- Multiple national and international implant symposia (member discounts)
- Customized Patient Education Videos, created exclusively for the ICOI by Dear Doctor
- Interactive 3D Animations - digital animations to use for patient education and treatment planning
- ICOI's Digital Glossary of Implant Dentistry - comprehensive digital guide to implant terminology - access online at www.icoicampus.org
- ADVANCED CREDENTIALING programs: Fellowship, Mastership and Diplomate credentials
- *ICOI World News* - digital newsletter
- Multiple patient consent and communication forms to use in your practice daily

Membership Category Selection

(Please check the appropriate category)

ANNUAL MEMBERSHIP DUES

Valid for 12 months

<input type="checkbox"/> CATEGORY I	Dental Practitioner	\$350.00
<input type="checkbox"/> CATEGORY II	Full-Time University Faculty/Military (Please attach copy of ID)	\$200.00
<input type="checkbox"/> CATEGORY III	Laboratory Technicians, Research or Industry Personnel, Recent Graduate (valid up to 3 years from graduation date)	\$150.00
<input type="checkbox"/> CATEGORY IV	Pre-doctoral or Graduate Student (Please attach verification of student status) <i>projected graduation date:</i> _____	\$100.00

TOTAL AMOUNT ENCLOSED \$ _____

Payment Information

Checks: Please make checks payable to the ICOI in US funds and mail to the address below.

Credit Cards: Please complete the following information and fax both sides of this form to: 973-783-1175

- MasterCard Visa American Express

Card # _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____ Billing Zip Code _____

RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE

One Bridge Plaza N, Suite 950, Fort Lee, NJ 07024 • Phone: 973-783-6300 / 800-442-0525 • Fax: 973-783-1175
membership@icoi.org • Visit www.icoi.org for complete information