

Membership Application

International Membership - Renewal

Member ID # _____

Last Name / Surname _____ Date of Birth ____ / ____ / ____ Male Female
mm dd yy

First _____ Middle Name/Initial(s) _____ Degrees _____

Practice/Business Name _____

Office Address _____ Suite _____

City/Province _____ State _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Web Address _____

Specialty _____

License # _____ Country of Licensure _____

Any changes in information (*degrees, contact information, etc*) _____

International Membership Dues Valid for 12 months

*International dues vary from country to country, depending on economic conditions.**For specific dues information, please E-mail the ICOI Central Office at membership@icoi.org* Dentist: \$275 Full-Time Faculty: \$150 (please attach copy of ID) Laboratory Technician: \$150

Dues Amount: \$ _____

Name of Affiliate Society (if applicable): _____

Payment Information MasterCard Visa American Express

We accept MasterCard, Visa and American Express payments via facsimile. Please complete the following and fax this form to: **973-783-1175**.

Card # _____ Exp. Date _____ CVV # _____

Signature _____

You may also send payment in U.S. dollars on an international money order, a postal money order or a check drawn on a U.S. bank.

RETURN THIS RENEWAL APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICEOne 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