

Membership Application

U.S. Membership - Renewal

Name

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

AGD # _____ Member ID # _____

License # _____ Country of Licensure _____

First _____ Initial(s) _____ Last _____ Degrees _____

Address

Practice/Business Name _____

Office Address _____ Suite _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Date of Birth _____

Web Address _____

Home Address _____ City _____ State _____ Zip _____

Cell _____ Personal E-mail _____

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

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

Membership Category Selection

(Please check the appropriate category)

ANNUAL MEMBERSHIP DUES

Valid for 12 months

- | | | |
|--|---|----------|
| <input type="checkbox"/> CATEGORY I | Dental Practitioner | \$395.00 |
| <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)
projected graduation date: _____ | \$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 this form to: 973-783-1175

- MasterCard Visa American Express

Card # _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____ Billing Zip Code _____

RETURN THIS RENEWAL 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