



Application for FDI Associate Membership

Please complete all information on this form and print in block letters
 Date:

Name of National Dental Association:

Address:
Telephone: ()
Fax: ()
E-mail:
Web site:

Name of the President:

Name of the contact person (if other than the President):
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Number of active members in the association:

Number of dentists in the country:

Copy of the association's constitution in ENGLISH is enclosed: Yes / No

Copy of an official document of the association enclosed: Yes / No
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Preferred language (please choose one) English / French / German / Spanish
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<i>Your name</i>
Title Surname / Last name

Position in the association	Signature

Please return this form to the attention of Maria Kramarenko- mkramarenko@fdiworldental.org