



Application for FDI Regular 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 National Liaison Officer (NLO): <i>*Please note that the person designated as the NLO for the year may only be changed upon written request from the Regular Member Association and remains at FDI's discretion.</i>
NLO Email address:

Number of active members in the association: <i>*Please provide an official document (annual report – audit report) showing the exact number of active members</i>

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

Preferred language (please choose one) English / French / German / Spanish

<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**