



Application for FDI Supporting Membership

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

Date:

Name of Organisation:

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:

Copy of the association's constitution in ENGLISH is enclosed:	Yes <input type="checkbox"/> /
No <input type="checkbox"/>	

Copy of an official document of the association enclosed:	Yes <input type="checkbox"/> / No <input type="checkbox"/> (i.e blank letter head)
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Preferred language (please choose one) English <input type="checkbox"/> / French <input type="checkbox"/> / German <input type="checkbox"/> / Spanish <input type="checkbox"/>

<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