Application for FDI Affiliate Membership

Date :

Name of Organization:

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

Name of the President:

Name of the contact person (if other than the President):

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

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

Your Title: Your Surname / Last name:

Position in the association **Signature**

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

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