

## Application for FDI Associate Membership

Date \_\_\_\_\_ :

<b>Name of National Dental Association:</b>

<b>Address:</b>

<b>Telephone:</b> (      )
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<b>Fax:</b> (      )
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<b>E-mail:</b>
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<b>Web site:</b>
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<b>Name of the President:</b>
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<b>Name of the contact person (if other than the President):</b>
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<b>Number of active members in the association:</b> <i>*Please provide an official document (annual report – audit report) showing the exact number of active members</i>
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<b>Number of dentists in the country:</b>
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<b>Copy of the association's constitution in ENGLISH is enclosed:</b> Yes / No
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<b>Copy of an official document of the association enclosed:</b> Yes / No
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<b>Preferred language (please choose one):</b> English / French / German / Spanish
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<b>Your Title:</b> <b>Your Surname / Last name:</b>
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<b>Position in the association</b>	<b>Signature</b>
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Please return this form to the attention of Maria Kramarenko - [mkramarenko@fdiworlddental.org](mailto:mkramarenko@fdiworlddental.org)