

Application for FDI Regular Membership

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
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Copy of an official document of the association enclosed: Yes / No

Preferred language (please choose one): English / French / German / Spanish
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Your Title: Your Surname / Last name:

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