

Application for FDI Supporting 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):
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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