



MEMBERSHIP REGISTRATION FORM

I hereby apply for a membership in the BDIZ EDI
(European Association of Dental Implantologists)

Name:

First Name:

Country:

Zip code / City:

Street:

Phone:

Fax:

E-Mail: @

Homepage:

Date of Birth:

Practicing implantology since:

Member of other Societies:

ICOI BDO DGI DGZI DGMKG EAO DGOI

Continuing education Courses:

Fellowship status / diplomate status in implantology

Yes No Organization

Entry in BDIZ EDI Directory: Yes No
(For information on BDIZ EDI Directory of Implant Dentists see overleaf)

The annual membership fee for:

FULL MEMBERSHIP

- Full member - clinical € 345,00
 Assistant dentist / young professional
(up to 5 years after graduation) € 172,50
 Second membership / family member € 172,50

EXTRAORDINARY MEMBERSHIP

- Co-operative Member
(Professionals without practice
and dental technicians) € 165,00
 Students non-contributory
 Supporting Membership
(Companies etc.) € 530,00

Payment

Membership cannot be confirmed until payment is processed. Method of payment is by bank transfer. Please use the following banking account.

Deutsche Apotheker- und Ärztebank

Account Number: 268 883 72
Bank Code: 300 606 01
IBAN: DE75 3006 0601 0026 8883 72
BIC: DAAEDEDXXX

Membership cards will be sent upon receipt of the annual subscription fee.

City / Date :

Seal / Signature:

Please return the completed registration form to:

European Association of Dental Implantologists e.V.
Lipowskystr. 12 • D-81373 München
Fon: + 49 (0) 89 - 720 69 888
Fax: + 49 (0) 89 - 720 69 889
E-Mail: office@bdizedi.org
Homepage: www.bdizedi.org