

# ICOI Membership Application

## IMPLANT EDUCATION FOR THE TOTAL DENTAL TEAM

ID # \_\_\_\_\_

NAME *(As you wish it to appear on membership certificates, website listing, etc.)*Last Name / Surname \_\_\_\_\_ *(You will be alphabetized on our website by this name.)*

First \_\_\_\_\_ Middle Name / Initial(s) \_\_\_\_\_ Degrees \_\_\_\_\_

## ADDRESS

Practice/Business Name \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite \_\_\_\_\_

City/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Web Address: <http://www.> \_\_\_\_\_

Home Address: \_\_\_\_\_ Suite \_\_\_\_\_

City/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Personal Email \_\_\_\_\_

Primary Address:  Office  Home *(for membership website listing, publications and membership mailings)*

## EDUCATION

Dental School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Date rec'd \_\_\_\_\_

Technology School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Date rec'd \_\_\_\_\_

Graduate School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Date rec'd \_\_\_\_\_

Specialty \_\_\_\_\_ Boarded?  Yes  No Generalist  Oral & Maxillofacial Surgeon  Periodontist  Prosthodontist Endodontist  Lab Technician  Industry Personnel  Full-Time Faculty Member

## EXPERIENCE IN IMPLANT DENTISTRY

Implant continuing education hours in last 3 years: \_\_\_\_\_

Experience in implant dentistry:  less than 10 cases  25–50 cases  more than 100 casesInvolvement with implant dentistry:  Surgery  Prosthetics  Periodontics  Technology Academic  Other \_\_\_\_\_

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## *International Membership Application* continued

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### ANNUAL MEMBERSHIP DUES INCLUDE:

- Bi-monthly subscription to our peer reviewed journal, *Implant Dentistry*
  - International certification program: Fellowship, Mastership and Diplomate credentials
  - Quarterly subscription to *ICOI World News*, our international society newsletter
  - ICOI membership listing and link to your practice at [www.icoi.org](http://www.icoi.org)
  - Special member discounts to ICOI's solely sponsored meetings
  - Discounts on a wide range of textbooks and patient education materials
  - Two (2) certificates of membership - ICOI and IPS (Implant Prosthetic Section)
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### INTERNATIONAL MEMBERSHIP DUES

*International dues vary from country to country, depending on the economic conditions.  
For specific dues information, please email the ICOI Central Office at [icoi@dentalimplants.com](mailto:icoi@dentalimplants.com).*

Dues Amount: \$ \_\_\_\_\_

Name of Affiliate Society (if applicable): \_\_\_\_\_

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### PAYMENT INFORMATION

We accept MasterCard, Visa and American Express payments via facsimile. Please complete the following and fax both sides of this form to: (973) 783-1175.

MasterCard     Visa     American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

You may also send payment in U.S. dollars on an international money order, a postal money order or a check drawn on a U.S. bank.



RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

248 Lorraine Avenue • Upper Montclair, New Jersey 07043-1454 USA  
phone: (973) 783-6300 • fax: (973) 783-1175 • e-mail: [icoi@dentalimplants.com](mailto:icoi@dentalimplants.com)

FOR COMPLETE MEMBERSHIP INFORMATION VISIT ICOI'S WEBSITE: [WWW.ICOI.ORG](http://WWW.ICOI.ORG)