



MEMBERSHIP APPLICATION

NAME : (As you wish it to appear on	membership certificates, the int	rernet directory, etc.) Licei	nse # (if applicable)	
First	Initial(s)	Last	Degree(s)	
Home Address				
City	State	Zip	Country	
Telephone	Fax		Date of Birth	
Personal E-mail				
Practitioner's Name				
Office Address				
City	State	Zip	Country	
Telephone	Fax		E-mail	
EDUCATION:				
High School		Degree	Date	
College		Degree	Date	
Graduate		Degree	Date	
PLEASE LIST ANY ADDITI	ONAL FORMAL TRA	INING/FDUCATION:		
TEMBERIST ANT ABBITT				
DENTAL EVERDIENCE.				
DENTAL EXPERIENCE:	1: 1 16 . 12			
How many years have you workWhat is your present position?_				
Do you now or have you ever w		d with dental implants?	□ No	
,	Position_			

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES is a component society of the International Congress of Oral Implantologists. As the number of dental implant practices in the world grows and develops, there is a need for auxiliaries to do the same. A goal of our association is to introduce education related to implants into your practice or increase your implant practice as a "team." The main purpose of the ADIA is to develop educational criteria and training for certification and to provide an organized vehicle for auxiliaries to contribute to the field of oral implantology/implant dentistry.

PLEASE LIST OTHER PROFESSIONAL SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER. INCLUDE YOUR INVOLVEMENT (E.G. MEMBER, SPEAKER, OFFICER, ETC.):

Organization	Offices held	
Organization	Offices held	
Organization	Offices held	
BENEFITS INCLUDE:		
Continuing Education Units		
Certification Programs		
ADIA Webinars		
Access to archive of implant dentistry article	es	
·	a comprehensive guide to implant terminology	
 ADIA's Guide to Simplifying Implant Dentis 		
 Newsletters and digital journals 	, 3	
 Discounted tuition to all ADIA and ICOI spo 	nsored programs	
 Mentoring by experienced professionals in 		
 ICOI/ADIA website membership listing at ic 	oi.org	
 Lecturing and publishing opportunities 		
 A network of colleagues to associate with a 	nd share experiences	
ANNUAL MEMBERSHIP DUES: \$50.00		
PAYMENT:		
☐ Check (please make check payable to ADIA		
☐ Visa ☐ Mastercard ☐ Ar	merican Express	
Card No	Exp. Date	CVV No
Signature	C	Pate

Return this application with your payment in U.S. funds to:

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES