



Membership Application

INTERNATIONAL Membership - Renewal

FOR MEMBERSHIP RENEWALS ONLY

Last Name / Surname _____ Member ID # _____

First _____ Middle Name / Initial(s) _____ Degrees _____

Office Address _____ Suite _____

City/Province _____ State _____ Country _____ Postal Code _____

E-mail _____ Telephone _____ Fax _____

License # _____ Country of Licensure _____

Any changes in information (*degrees, contact information, etc*) _____

INTERNATIONAL MEMBERSHIP DUES - *Valid for 12 months*

International dues vary from country to country, depending on economic conditions.

For specific dues information, please E-mail the ICOI Central Office at membership@icoi.org.

Dentist: \$275 Full-Time Faculty: \$150 (please attach copy of ID) Laboratory Technician: \$150

Dues Amount: \$ _____

Name of Affiliate Society (if applicable): _____

PAYMENT INFORMATION

MasterCard Visa American Express

We accept MasterCard, Visa and American Express payments via facsimile.

Please complete the following and fax this form to: (973) 783-1175.

Card Number _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____ Billing Zip Code _____

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 RENEWAL APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

55 Lane Road, Suite 305, Fairfield, New Jersey 07004 • phone: (973) 783-6300 / (800) 442-0525

fax: (973) 783-1175 • membership@icoi.org • Visit ICOI's website for complete information: www.icoi.org

rev. 07/19

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE: 1-800-442-0525