



# Membership Application

## U.S. Membership - Renewal

### FOR MEMBERSHIP RENEWALS ONLY

License # \_\_\_\_\_ Country of Licensure \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member ID # \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

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

Any changes in information (degrees, contact information, etc) \_\_\_\_\_

### MEMBERSHIP CATEGORY SELECTION (Please check the appropriate category)

#### ANNUAL MEMBERSHIP DUES

Valid for 12 months

- CATEGORY I Dental Practitioner.....\$395.00
- CATEGORY II Full-Time University Faculty/Military.....\$200.00
- CATEGORY III Laboratory Technicians, Research or Industry Personnel, Recent Graduate (valid for 3 years post training).....\$150.00
- CATEGORY IV Pre-doctoral or Graduate Student: (projected graduation date: \_\_\_\_\_).....\$100.00

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

### PAYMENT INFORMATION:

Checks: Please make checks payable to the ICOI in US funds and mail to the address below

Credit Cards: Please complete the following information and fax both sides of this form to: (973) 783-1175

- MasterCard
- Visa
- American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_



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

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