



# Membership Application

## Canada Membership

### NAME

(As you wish it to appear on membership certificates, website listing, etc.)

AGD # \_\_\_\_\_  
First \_\_\_\_\_ Initial(s) \_\_\_\_\_ Last \_\_\_\_\_ Degrees \_\_\_\_\_  
License # \_\_\_\_\_ Country of Licensure \_\_\_\_\_

### ADDRESS

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

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Personal E-mail \_\_\_\_\_

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

Endodontist  Generalist  Oral & Maxillofacial Surgeon  Periodontist  Prosthodontist

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 cases

Involvement with implant dentistry:  Surgery  Prosthetics  Periodontics/Maintenance  Technology

Academic  Other \_\_\_\_\_

### HOW DID YOU LEARN ABOUT THE ICOI?

Member referral (specify) \_\_\_\_\_  E-mail  Internet  Direct mail

Publication  Course \_\_\_\_\_  Other \_\_\_\_\_

## ICOI MEMBERSHIP APPLICATION / Canada Membership (continued)

### ANNUAL MEMBERSHIP DUES INCLUDE:

- ICOI's Quarterly Journal, *International Journal of Oral Implantology* (IJOI) formerly *European Journal of Oral Implantology* (EJOI), archives available online
- E-Learning at Dental-users.com/ICOI: videos, tutorials, webinars, recorded lectures and more
- Multiple national and international implant symposia (member discounts)
- Customized Patient Education Videos, created exclusively for the ICOI by Dear Doctor
- Interactive 3D Animations - digital animations to use for patient education and treatment planning
- Exclusive MEMBERS ONLY websites - practice resources, 1600 implant definitions, educational tools, and more
- ICOI's Digital Glossary of Implant Dentistry - comprehensive digital guide to implant terminology - access online at [www.icoi.org](http://www.icoi.org)
- ADVANCED CREDENTIALING programs: Fellowship, Mastership and Diplomate credentials
- *ICOI World News* - digital newsletter produced three times per year
- Multiple patient consent and communication forms to use in your practice daily
- FindMyImplant.com - a secure, web-based registry of detailed dental implant information, patient x-rays, notes, and more

### MEMBERSHIP CATEGORY SELECTION

(Please check the appropriate category)

#### ANNUAL MEMBERSHIP DUES

*Valid for 12 months*

- CATEGORY I** Dental Practitioner. . . . . \$350.00
- CATEGORY II** Full-Time University Faculty/Military (Please attach copy of ID) . . . . . \$200.00
- CATEGORY III** Laboratory Technicians, Research or Industry Personnel,  
Recent Graduate (valid up to 3 years from graduation date) . . . . . \$150.00
- CATEGORY IV** Pre-doctoral or Graduate Student (Please attach verification of student status) . . . . . \$100.00  
*projected graduation date:* \_\_\_\_\_

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 # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV No. \_\_\_\_\_

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

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

55 Lane Road, Suite 305, Fairfield, NJ 07004 • Phone: 973-783-6300 / 800-442-0525 • Fax: 973-783-1175  
membership@icoi.org • Visit [www.icoi.org](http://www.icoi.org) for complete information

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