



Membership Application

U.S. Membership

NAME

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

AGD # _____

License # _____ Country of Licensure _____

First _____ Initial(s) _____ Last _____ Degrees _____

ADDRESS

Practice/Business Name _____

Office Address _____ Suite _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Date of Birth _____

Web Address <http://www> _____

Home Address _____ City _____ State _____ 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 / U.S. 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
- 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

- | | | | |
|--------------------------|---------------------|--|----------|
| <input type="checkbox"/> | CATEGORY I | Dental Practitioner. | \$395.00 |
| <input type="checkbox"/> | CATEGORY II | Full-Time University Faculty/Military (Please attach copy of ID) | \$200.00 |
| <input type="checkbox"/> | CATEGORY III | Laboratory Technicians, Research or Industry Personnel,
Recent Graduate (valid up to 3 years from graduation date) | \$150.00 |
| <input type="checkbox"/> | CATEGORY IV | Pre-doctoral or Graduate Student (Please attach verification of student status)
<i>projected graduation date:</i> _____ | \$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 # _____ 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 for complete information

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