

General Membership Application-2015

Your Information

Last Name _____ First Name _____ Additional Name _____

Business Street Address _____

City _____ Zip/Postal Code _____ Country _____

Business Phone _____ Fax # _____ E-mail address _____

Home Street Address _____

City _____ Zip/Postal Code _____ Country _____

Home Phone _____ Fax # _____ E-mail address _____

Date of Birth ____/____/____ Where do you want to receive Academy mailigs? Home Business

Education / Practice Profile

Dental School _____ Degree _____ Date graduated ____/____/____
month year

Postdoctoral Institution _____ Degree _____ Date graduated ____/____/____
month year

What best describes your practice environment ? (check one) Single Associate Group Practice

Hospital University Governmental Military Faculty Institution

What is your speciality?

General dentistry Implantology Periodontology Oral surgery Maxillo-facial surgery

Other _____

Have you placed dental implants? (check one) Yes No

If yes, approximately how many? First case (Date _____) Maxilla Mandible

Are you currently a member of any other dental societies? Yes No If yes, which one(s) _____

2015 Dues Information

Annual Membership Dues.... €50.00

Payment: Bank transfer / Paypal (WODI@gmx.org) / Cash

Lifetime Membership.... €500.00

Bank Name: Sparkasse Bremen // Account: 81511339

Research Fund

DE34 2905 0101 0081 5113 39 // SBREDE22XXX
IBAN BIC

Additional items.....

TOTAL AMOUNT ENCLOSED _____

I hereby certify that all the information I have provided on this WODI application is correct.

_____/____/2015
Signature Date