

## Application for FDI Regular Membership

Please complete all information on this form and print in block letters.

Date \_\_\_\_\_ :

**Name of National Dental Association:**

**Address:**

**Telephone:** (     )

**Fax:** (     )

**E-mail:**

**Web site:**

**Name of the President:**

**Name of the National Liaison Officer (NLO):** *\*Please note that the person designated as the NLO for the year may only be changed upon written request from the Regular Member Association and remains at FDI's discretion.*

**NLO Email address:**

**Number of active members in the association:** *\*Please provide an official document (annual report – audit report) showing the exact number of active members*

**Number of dentists in the country:**

**Copy of the association's constitution in ENGLISH is enclosed:**     Yes / No

**Copy of an official document of the association enclosed:**     Yes / No

**Preferred language (please choose one):**     English / French / German / Spanish

**Your Title:**     **Your Surname / Last name:**

**Position in the association**

**Signature**

Please return this form to the attention of Maria Kramarenko - [mkramarenko@fdiworlddental.org](mailto:mkramarenko@fdiworlddental.org)