

# Membership Application Form

I hereby to apply for membership of the DGZI – German Association of Dental Implantology (Deutsche Gesellschaft für Zahnärztliche Implantologie e.V.).

Please send this form via FAX to +49 211 16970-66.

Do you have experience in implantology? (mandatory)

- Yes  No

I hereby agree to have my personal data processed for all purposes of the DGZI.

- Full membership (outside Germany)** ⇒ 125 Euro p.a.     **Assistant doctors (outside Germany)** ⇒ 60 Euro p.a.     **Students/auxiliaries (outside Germany)** ⇒ free of charge for first-degree students of dentistry

- I have transferred the annual fee to the DGZI bank account c/o Dr Rolf Vollmer:  
IBAN: DE33 5735 1030 0050 0304 36 | KSK Altenkirchen | SWIFT/BIC: MALADE51AKI

## Personal Data

..... Name	..... First Name	..... Date of birth
..... Title	..... Citizenship	
..... Street	..... City, ZIP code	..... Country
..... Phone, Country and Area code	..... Fax	
..... E-Mail	..... Homepage	
..... Special qualification	..... Spoken languages	

## Payment (by credit card)

Please use your: (Please mark as appropriate)

- Visa  MasterCard

..... Card holder's name	..... Card number
..... Expiry date	
..... Signature	..... Place, Date

Please complete this application form in block letters.

**FOR FURTHER INFORMATION PLEASE CONTACT**



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