

APPLICATION FOR MEMBERSHIP

Please write in Block letters

Please complete application form and submit all materials in English

Date :

1. Name (person completing application):
(Last/Family) (First/Given) (Middle Initial) Degree/s
- 2 . Telephone #: Fax#
Email Address:
3. Name of Academy/Organization:
Office/Headquarters Address:
.....
4. Year organization was established:
5. Number of Members: TOTAL:
(a) Active (b) Associate(c) Honorary
(d) Life (e) Other
6. Is the organization incorporated? Yes No
7. List current officers and term of office for each: (e.g., Dr. John Smith, President
(1yr) Dec '93-Dec '96)
.....
.....
.....
.....
.....
8. How often are officers elected?
9. How many meetings are held annually?
10. How many meetings have been held in the past 5 years?
Please list date/s and place of meetings below:
Date of Meeting
Place
Number of Attendees
11. Has the organization been recognized by any other group ? Yes No

INTERNATIONAL FEDERATION OF ESTHETIC DENTISTRY

12. Is the organization certified as non-profit? Yes No

13. Has the organization ever endorsed a commercial product, or been listed in an advertisement with a commercial product? Yes No

14. Please attach copies of:

1. your publication/s (magazines/newsletters)
2. your organization's constitution and bylaws
3. any of your meeting programs
4. your organization's mission statement
5. membership list

Please return to:

Dr. David Klaff

Secretary I.F.E.D.

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