

APPLICATION FOR MEMBERSHIP

Please return via email ifed-office@dgaez.de or postal mail to:

Professor Robert Sader
Secretary International Federation of Esthetic Dentistry
Schloss Westerburg
D - 56457 Westerburg
Germany

Please write in Block letters and 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:						
	Name of organisation as Academy/Association/Society:					
4.	Year organization was established in year:					
5.	Website adress of organisation:					
6.	Your current president's name and his current legislature:					
7.	Your president's current email adress:					
8.	Your president's current mobile number:					
9.	If you have an organisation's office, please name the primary contact person:					
10.Office/Headquarters Address:						

11. Email adress of you	ur organisation`s office for gen	eral commu	nications:	
12. Number of Membe	rs: TOTAL:			
(a) Active:	(a) Active: (b) Associate:		(c) Honorary:	
(d) Life:	(e) Other:			
13. Is the organization	incorporated?		□Yes	□No
14. Has the organization been recognized by any other group?			☐Yes	□No
15. Is the organization	□Yes	□No		
•	on ever endorsed a commercia a commercial product?	ll product, o	r been listed ∐Yes	in an ∐No
17. Please give us date	e, title and venue of your next <i>i</i>	Annual Scie	ntific Meetin	g:
Date of Meeting: _	d place of last annual scientific			
				
	ees: s are held annually beside the			g ?
20. How many meeting	s have been held in the past 5	5 years?		
21. How often are boar	rd members / officers elected?			
22. List current officers President (1yr) Dec	and term of office for each: (e c '23-Dec '24)	.g., Dr. Johr	n Smith,	

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