

# International Academy of Mini Dental Implants



**(PLEASE PRINT)**

**NAME (as you would like it to appear on membership, certificates, websites, etc.)**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_

Practice Name \_\_\_\_\_

**CONTACT INFORMATION (Please, only the working numbers and addresses that you want us to use to contact you)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Primary Email \_\_\_\_\_ Web Address \_\_\_\_\_

**EDUCATION/EXPERIENCE**

Dental School \_\_\_\_\_ Degree(s) \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Implant continuing education hours in last 3 years \_\_\_\_\_

Experience in implant dentistry  less than 10 cases  25-50 cases  more than 100 cases

## ANNUAL MEMBERSHIP DUES INCLUDE:

- ◆ Subscription to website and on-line magazine
- ◆ International certification program: General Membership, Fellowship, Mastership Credentialing
- ◆ IAMDI website listing with a link to your website from [www.iaomdi.org](http://www.iaomdi.org)
- ◆ Discount on patient education materials
- ◆ Special member discounts to IAMDI solely sponsored meetings
- ◆ Certificates of membership and/or credentials

## MEMBERSHIP CATEGORY SELECTION

- CATEGORY 1 Dental Practitioner \$400  CATEGORY 2 Dental Practitioner Renewal \$400  
 CATEGORY 3 Full-Time University Faculty/Military \$300  CATEGORY 4 Faculty/Military Renewal \$300  
 CATEGORY 5 Pre-doctoral or Graduate Student \$100

## PAYMENT INFORMATION

- ◆ Checks - Please make checks payable to IAMDI in US funds and mail to the address below
- ◆ Credit Cards - Please complete the following information send to the address below or fax to number below

MC  Visa Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCSC Code (3 or 4 digit) \_\_\_\_\_

AMEX  DISC

Signature \_\_\_\_\_ Date \_\_\_\_\_