# 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**