

INTERNATIONAL FEDERATION OF DENTURISTS

APPLICATION FOR 2010 MEMBERSHIP

Applications for 2010 Membership will be reviewed by the Executive of the IFD. Additional adjudication may be required by the Members of IFD. Complete the appropriate section and return this form with your check or bank draft (in U.S. Funds) for annual membership fee or see bank transfer information below. **New applications must include an additional one-time non-refundable application fee of \$30 USF.**

International Federation of Denturists
PO Box 46132 RPO Westdale
Winnipeg MB R3R 3S3 Canada
Telephone: 204-897-9092/800-773-0099
Fax: 204-895-9595
Email: ifddenturist@mts.net
www.international-denturist.org

(Membership fee will be returned if the application is declined.)

Bank transfers:

International Federation of Denturists
PO Box 46132 RPO Westdale
Winnipeg MB R3R 3S3 Canada

Bank:
Canadian Imperial Bank of Commerce (CIBC)
3408 Roblin Boulevard
Winnipeg MB R3R 0C7 Canada

If no direct account relationship exists between the sender and CIBC, cover is to be provided to CIBC agents as follows:

Europe – SOGEFRPP
GBP – BARCGB22
JPY – MHCBJPJT
USD – BOFAUS3N

Swift Code - CIBCCATT
Transit 02600 2558 02007-010
Account 02-02819

There are three categories of membership. Please choose the appropriate membership category and provide the information required.

- 1. Voting Member – Country Denturist Association of 5 or more members**
- 2. Non-Voting Member – Country Denturist Association of less than 5 members**
- 3. Non-Voting Individual – from a Country where there is no Denturist Association**

The official country representative is expected to disseminate information on IFD activities to the Denturist Association and the membership of that country.

1. VOTING MEMBER – COUNTRY DENTURIST ASSOCIATION OF 5 OR MORE MEMBERS

Annual Membership fee (check one):

- 5-19 members \$157.50 USF
- 20-50 members \$315.00 USF
- 51-99 members \$630.00 USF
- 100 or more members \$1,260.00 USF

Please Print:

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

TELEPHONE _____
FAX _____
email _____

NAME OF OFFICIALLY APPOINTED REPRESENTATIVE _____
MAILING ADDRESS _____

TELEPHONE _____
FAX _____
email _____

2. NON-VOTING MEMBER – COUNTRY DENTURIST ASSOCIATION OF LESS THAN 5 MEMBERS

Annual Membership Fee:

1-4 members \$63.00 USF PER PERSON

Please Print:

NAME OF ORGANIZATION
MAILING ADDRESS

TELEPHONE
FAX
email

NAME OF OFFICIALLY
APPOINTED REPRESENTATIVE
MAILING ADDRESS

TELEPHONE
FAX
email

3. NON-VOTING INDIVIDUAL MEMBER – NO COUNTRY ASSOCIATION

Annual Membership Fee:

Individual \$63.00 USF

COUNTRY REPRESENTED

NAME OF INDIVIDUAL
MAILING ADDRESS

TELEPHONE
FAX
email

ALL NEW APPLICANTS – Please complete the following to provide us with information about the profession in your country.

1. How many Denturists (or potential Denturists) are in your country? _____

2. How many members are in your Association? _____

3. How many members practice as Denturists only? _____

4. How many members are lab technicians and practice Denturism “on the side”? _____

5. How many members have Diplomas in Denturism? _____

6. How many members have a Diploma in Dental Technology? _____

7. From where is your education obtained? _____

8. Is Denturism legalized in your country? Yes No

9. If Yes, what is the scope of practice?

Full Denture Partial Denture Implants Crown & Bridge

Other (please describe) _____

10. If No, please describe efforts to bring legislation to your country.
Use additional paper, if required.

Thank you for your assistance!