



## INTERNATIONAL FEDERATION OF DENTURISTS APPLICATION FOR 2012 MEMBERSHIP

Applications for 2012 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 Canadian Funds) for annual membership fee or see bank transfer information below. **New applications must include an additional one-time non-refundable application fee of \$50 Canadian.**

International Federation of Denturists  
PO Box 46132 RPO Westdale  
Winnipeg MB R3R 3S3 Canada  
Telephone: 1-204-293-1336  
Fax: 204-895-9595

Email: [ifdenturist@mts.net](mailto:ifdenturist@mts.net)

[www.international-denturist.org](http://www.international-denturist.org)

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

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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 24-04117

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**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 \$190.00 Canadian
- 20-50 members \$380.00 Canadian
- 51-99 members \$760.00 Canadian
- 100 or more members \$1,500.00 Canadian

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 \$75.00 Canadian 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 \$75.00 Canadian

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 application!*

*On approval of membership, the country/individual will receive a certificate of membership. This can be copied by the country member to distribute to members.*