International Association of Dental Traumatology

MEMBERSHIP APPLICATION

☐ New Application ☐ Renewal

Family / Last name _____ ☐ Dr. ☐ Prof. ☐ Dra. ☐ Other: _____

Given / First name _____ Middle name (if used) _____

Professional degree(s) _____ Dental Specialty _____

Mailing address

Street or post office box _____

City _____ State/Province (if applicable) _____

Postal Code _____ Country _____

Telephone: (_____) _____ FAX: (_____) _____
Country code Country code

E-mail: _____

☐ US $ 195 Membership – Includes online access subscription to ***Dental Traumatology***

☐ US $ 40 Student membership. *Does not include subscription to Dental Traumatology Journal*.

Membership dues may be paid by check drawn on a US bank and payable to IADT, or you may pay by bank credit card.

Payment Method: ☐ Check Enclosed

☐ Visa ☐ Master Card ☐ American Express Expiration: _____ V-code: _____

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Signature _____ Date _____

Send member form and dues to:

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