



# ADIA

## ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

# MEMBERSHIP APPLICATION

**NAME:** *(As you wish it to appear on membership certificates, the internet directory, etc.)*

First \_\_\_\_\_ Initial(s) \_\_\_\_\_ Last \_\_\_\_\_ Degree(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_ License # or Social Security # \_\_\_\_\_

Office Address \_\_\_\_\_

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

Practitioner's Name \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

**EDUCATION:**

High School \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

Graduate \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE LIST ANY ADDITIONAL FORMAL TRAINING/EDUCATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DENTAL EXPERIENCE:**

- How many years have you worked in the dental field? \_\_\_\_\_
- What is your present position? \_\_\_\_\_
- Do you now or have you ever worked in a facility associated with dental implants?  Yes  No
- If yes, how many years? \_\_\_\_\_ Position \_\_\_\_\_

(OVER)

**SOURCE CODE:** *(For Office Use)* WEB \_\_\_\_\_

**MEMBERSHIP APPLICATION** *(Continued from other side)*

**ASSOCIATION OF DENTAL IMPLANT AUXILIARIES** is a component society of the International Congress of Oral Implantologists. As the number of dental implant practices in the world grows and develops, there is a need for auxiliaries to do the same. A goal of our association is to introduce education related to implants into your practice or increase your implant practice as a "team." The main purpose of the ADIA is to develop educational criteria and training for certification and to provide an organized vehicle for auxiliaries to contribute to the field of oral implantology/implant dentistry.

**PLEASE LIST OTHER PROFESSIONAL SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER.  
INCLUDE YOUR INVOLVEMENT (E.G. MEMBER, SPEAKER, OFFICER, ETC.):**

Organization \_\_\_\_\_ Offices held \_\_\_\_\_

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**BENEFITS INCLUDE:**

- Continuing Education Units and Certification Programs
- Special status recognition for implant training
- Newsletters and Tip Sheets
- ICOI's Glossary of Implant Dentistry
- Team Training Book
- Tuition discounts to all ADIA and ICOI sponsored programs
- Listing in ICOI/ADIA internet membership directory
- Discounted educational material
- Mentoring
- Lecturing and publishing opportunities
- A network of colleagues sharing personal and professional fellowship

**ANNUAL MEMBERSHIP DUES:** \$50.00

**PAYMENT:**

- Check (please make check payable to ADIA)
- Visa       Mastercard       American Express

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Return this application with your membership dues in U.S. funds to:



**ASSOCIATION OF DENTAL IMPLANT AUXILIARIES**

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