APPLICATION FOR 2020 MEMBERSHIP

Applications for 2020 Membership will be reviewed by the Chief Executive of the 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
8150 Metropolitain boulevard East, suite 230
Anjou (Quebec)
H1K 1A1, Canada
Phone: 1-514-705-2447
Tool free phone:1-800-563-6273
Email: camille.bourbonnaiss@international-denturists.org
Facebook page: @InternationalFederationOfDenturists
Website: www.international-denturist.org

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):

- 1-5 members $80.00 United States money
- 5-19 members $190.00 United States money
- 20-50 members $380.00 United States money
- 51-99 members $760.00 United States money
- 100 or more members $1,500.00 United States money

Please Print:

NAME OF ORGANIZATION ____________________________________________

MAILING ADDRESS __________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

PHONE __________________________ FAX __________________________ EMAIL __________________________

NAME OF OFFICIALLY APPOINTED REPRESENTATIVE __________________________

MAILING ADDRESS __________________________________________________
_________________________________________________________________
_________________________________________________________________

PHONE __________________________ FAX __________________________ EMAIL __________________________
2. **NON-VOTING MEMBER – COUNTRY DENTURIST ASSOCIATION OF LESS THAN 5 MEMBERS**

**Annual Membership Fee:**

- □ 1-4 members  $100.00 United States money

Please Print:

**NAME OF ORGANIZATION**

**MAILING ADDRESS**

**PHONE**

**FAX**

**EMAIL**

**NAME OF OFFICIALLY APPOINTED REPRESENTATIVE**

**MAILING ADDRESS**

**PHONE**

**FAX**

**EMAIL**

3. **NON-VOTING INDIVIDUAL MEMBER – NO COUNTRY ASSOCIATION**

**Annual Membership Fee:**

- □ Individual  $75.00 United States money

**COUNTRY REPRESENTED**

**NAME OF INDIVIDUAL**

**MAILING ADDRESS**

**PHONE**

**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!