



International Federation of Denturists

2023 MEMBERSHIP APPLICATION FORM

Applications for 2023 Membership will be reviewed by the Chief Executive of the IFD. Complete the appropriate section and return this form with your bank draft for annual membership fee or see bank transfer information separately. **New applications must include an additional one-time non-refundable application fee of € 50,00.**

International Federation of Denturists
Email: ifdenturists@gmail.com
Facebook page : [@InternationalFederationOfDenturists](https://www.facebook.com/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.

IFD – 2023 MEMBERSHIP APPLICATION

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

Annual Membership fee (check one):

- | | |
|--|------------|
| <input type="checkbox"/> 5-19 members | € 250,00 |
| <input type="checkbox"/> 20-50 members | € 500,00 |
| <input type="checkbox"/> 51-99 members | € 750,00 |
| <input type="checkbox"/> 100 or more members | € 1.500,00 |

Please Print:

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME OF OFFICIALLY
APPOINTED REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

IFD – 2023 MEMBERSHIP APPLICATION

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

Annual Membership Fee:

1-4 members

€ 150,00

Please Print:

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME OF OFFICIALLY
APPOINTED REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

IFD – 2023 MEMBERSHIP APPLICATION

3. NON-VOTING INDIVIDUAL MEMBER – NO COUNTRY DENTURIST ASSOCIATION**Annual Membership Fee:** Individual

€ 75,00

Please Print:

COUNTRY REPRESENTED: _____

NAME OF INDIVIDUAL: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

IFD – 2023 MEMBERSHIP APPLICATION

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 not, please describe efforts to bring legislation to your country.
(Use additional paper, if required)

Thank you for your application!