



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 Metropolitan boulevard East, suite 230
Anjou (Quebec)
H1K 1A1, Canada
Phone: 1-514-705-2447
Toll free phone: 1-800-563-6273
Email: camille.bourbonnaiss@international-denturists.org
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.

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!