



**German Association  
of Oral Implantology**

Deutsche Gesellschaft für Implantologie  
im Zahn-, Mund- und Kieferbereich e.V.  
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Office of the DGI Secretary  
Daniela Winke  
Rischkamp 37 F  
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## APPLICATION FOR MEMBERSHIP

In accordance with § 5 of the Articles of Association of the German Association of Oral Implantology (DGI), I hereby apply for membership as

- full member\* (according to Item 1a)
   
  junior dentist up until 3rd year of training\* (according to Item 2)
- Associate member\* (according to Item 1b)
   
  dental technician (according to Item 4)
- student of dentistry and medicine\* (according to Item 3)
    associate member (according to Item 5)

\* The applicant agrees to submit the required certification (licence to practise medicine, junior dentist certification, certificate of study, etc.)

Mr./Ms. Name: ..... First name: .....

Date of birth: ..... Title: .....

Year in which licence to practise medicine was obtained – for students, year in which licence is expected to be obtained:

.....

Occupation:      Dentist                    Dentist for oral surgery            Oral, maxillofacial surgeon

Address: Street: ..... City:.....

Postcode .....Fon: .....

E-Mail.....Internet:.....

Country.....

German state/Country in which professional activity is pursued: .....

## ANNUAL MEMBERSHIP FEES

1a. For full members, the annual membership fee is € 190.00

**1b. An associate membership for doctors and dentists is a special membership for MDs and Dentists who do not speak German or do not practise in Germany. The annual membership fee is € 108.00, without a subscription to the magazine „Zeitschrift für Zahnärztliche Implantologie“.**

2. For junior dentists up until their 3rd year of training, the annual membership fee is € 70.00.

3. Students of dentistry and medicine are exempted from payment as non-voting members.

4. Dental technicians are non-voting members. Their annual membership fee is € 170.00.

5. Associate members are non-voting members. Their annual membership fee is € 250.00

**6. The applicant becomes a member as soon as the membership fee has been paid and the board of DGI has approved membership. The new member will receive an invoice for the membership fee. Please note that payment by credit card is not possible.**

### IMPORTANT:

If you become a member of DGI in the last three months of the year, you will receive a credit of € 75.00, which can be offset against the participation fee for an annual meeting of the DGI. Through your membership of DGI, you automatically become a member of DGZMK, insofar as you are not already a member.

Since 1.1.2009, the membership fees of the DGZMK have been € 85.00 (€ 95.00 without direct debit authorisation) **for full members**, and for junior dentists € 65.00 (€ 75.00 without direct debit authorisation). These fees are collected by the DGZMK itself.

The data are processed electronically.

Deutsche Gesellschaft für Implantologie im Zahn-, Mund- und Kieferbereich e.V. (DGI) is a non-profit organisation (Register of Associations No.: 10918, District Court of Munich, 05.01.1984).

**Please complete the following page >>>**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I am already a member of the German Society of Dentistry and Oral Medicine (DGZMK)   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I have completed a certified advanced training (Curriculum Implantology)<br>If yes, please specify                                     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I have successfully completed a certified training (curriculum implant prosthetics and dental technology)                              | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| My special field is implantology (with certification)<br>If yes, please specify  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| My special field is implant prosthetics and dental technology (with certification)   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I would like my name and address to appear in the list of members on the DGI homepage, which patients use when looking for consultants | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Please create a link to my homepage/e-mail address<br>(only possible if you agree to your data being published in the internet)        | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I agree to my data being passed on to third parties<br>(patients, members of the association)  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I hereby authorise DGI to pass on my name and address in accordance with the Articles of Association                                   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I agree to my data being passed on to interest groups  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I agree to my data being passed on to companies  | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Date ..... Signature .....