MEMBERSHIP APPLICATION

			BERSHIP AP	PLICAI
I hereby apply for the INTERNATIONAL SO ISMI Bücklestraße 5a 78	CIETY OF METAL FREE	IMPLANTOLOGY	SMI INT. SO OF META IMPLANT	
	r. Karl Ulrich Volz A Jörg Warschat LL.M.			
Name		First Name		
Street		ZIP Code/City		
Telephone		Fax	Date of Birth	
E-Mail Address				
Particular Special Fields of	or Qualifications			
Language Skills (written a	and spoken)			
I hereby apply for				
Basic/Passive ISMI Membership benefits as described		Annual fee €20	00	
Active ISMI Members benefits as described additionally: 1. Personalised Member 2. Right to Vote		Annual fee €30	00	
Dual Membership ISMI + IAOCI benefits as described		Annual fee €49	95	
Assistants with verificatio	n get 50% discount on the a	annual fee		
Credit Card				
Card Holder's Name				
Credit Card	□ MasterCard	D VISA	American Express	
Credit Card No.				
/				
Expiry Date	CVC No. (3 or 4 digits on the	e back of the Credit Card in the Sig	nature Field, Amex on the front of	the Credit Card)
Date/Signature				

PLEASE SEND THIS APPLICATION VIA MAIL TO: ISMI e.V., HOLBEINSTRASSE 29, 04229 LEIPZIG, GERMANY OR VIA E-MAIL TO OFFICE@ISMI.ME.