

Academy of Oral Implantology



AOI MEMBERSHIP FORM



Membership No. (To be filled in by the office)

Name (Dr./ Mr./ Ms.)

Date of Birth: DD...../MM...../YY..... Place of Birth: City..... State.....

Address: Office.....

Residence

(Preferred address for correspondence Off.....Res.....)

Telephone: Off..... Res..... Mobile.....

Fax:..... Email:.....

QUALIFICATIONS

BDS Year..... College/University.....

MDS Year..... College/University.....

Implant Courses attended

Dental council Registration No..... State.....

Any Other Information:.....

STUDENT REGISTRATION MANDATORY DECLARATION

I certify that Dr. is a full time dental P.G student studying in
..... College.

Principal/Dean

Life Membership fees Rs. 3500/- (Membership fees subject to change)
International Life Membership fees \$ 250/-

Mode of Payment – Demand draft/Cheque No. Dated..... drawn on

Bank for Rs. In favour of "Academy of Oral Implantology" payable at New Delhi

Please mail this form duly filled to:

Dr. Ajay Sharma

General Secretary

E-105, Preet Vihar, New Delhi-110092 (India)

Mob.: 9810061863, 9212289133

E-mail: info@aoi-india.org

Signature