



International Federation of Endodontic Associations

Headquarters Office: 500 Williamsburgh Rd. Glen Ellyn, IL 60137 USA
Phone: 6 30 469-3599 fax 630 469-3659

APPLICATION FOR MEMBERSHIP

To be eligible for membership in the Federation, an organization must submit to the Federation the following materials: this Application for Membership form, its current Constitution and By-Laws, a list of dues-paying members of the organization (see IFEA By-Laws), and the membership application fee (US\$360.00) This material should be submitted at least 180 days prior to the next IFEA Annual General Assembly. Please provide your organization's current contact information below (please print clearly):

Name of organisation: _____

Address for correspondence: _____

President: _____

President-elect: _____

Vice-President: _____

Secretary / Treasurer: _____

Next election date: _____

Being appreciative of its aims, and in accordance with the Constitution and By-Laws of the International Federation of Endodontic Associations, the abovementioned organization hereby applies for membership in the International Federation of Endodontic Associations. Please forward completed application to headquarters address above.

Date

Signature of Association Officer