Indian Dental Association

Photo

Signature

# Application for Membership

Please complete this application form legibly in all respects, using capital letters.

**Type of Membership**

1. Annual ☐ 2. Life ☐ 3. Direct ☐ 4. Affiliate ☐ 5. Gold ☐ 6. Silver ☐

**General Information**

Title | Last Name | First Name | Middlle Name

Preferred Name (for mailing)

**Personal Information**

MM DD YY

Sex M ☐ F ☐

Marital Status M ☐ S ☐

Blood Group

Name of Spouse

Is your Spouse a Dentist Y ☐ N ☐

Number of Children

Is your Spouse a Member of IDA Y ☐ N ☐

**Edu. Qualification**

Graduation / University | Institute | Yr. of Passing

Post Graduation / University | Yr. of Passing

Specialisation | Regd. No. | State

**Practice Information**

Type of Practice: General Practice ☐ Endodontics ☐ Periodontics ☐ Orthodontics ☐

Pediatric Dentistry ☐ Prosthodontics ☐ Oral & Maxilofacial Surgery ☐

**Affiliation**

Institute / Hospital

**Designation**

Lecturer ☐ Asso. Professor ☐ Professor ☐ Dean ☐ Director ☐

Oral Pathologist ☐ Prosthodontist ☐ Pedodontist ☐ Periodontist ☐ Orthodontist ☐

Dental Surgeon ☐ Others ☐

**Mailing Address**

(Please indicate preference of mailing address) 1 ☐ 2 ☐ 3 ☐

**1. Office Address**

Practice Name

Address

Area | City ☐ Dist. ☐ | Taluka | Pin Code

State | Tel. No. 1 | Tel. No. 2

Fax No. | Cell Number | Office Timing

Email Address

1 | 2

INDIAN DENTAL ASSOCIATION HEAD OFFICE

## 2. Office Address

Practice Name

Address

Address

Area

City ☐ Dist. ☐

Taluka

Pin Code

State

Tel. No. 1

Tel. No. 2

Fax No.

Office Timing

## 3. Home Address

Address

Area

City ☐ Dist. ☐

Taluka

Pin Code

State

Tel. No. 1

Tel. No. 2

## Subscription

### Subscription:

A) Annual Member:
Admission fee (New) **Rs.300/-**
Annual /Renewal fee (yearly) **Rs.1050/-**
Contribution toward NSS Scheme: **Rs. 100/-**

B) Life Member: -
Admission fee (New) - **Rs.300/-**
Life Membership fee (one time) **Rs.19,550/-**
Contribution (One time) toward NSS Scheme: **Rs 2600/-**

C) Gold Member
Admission fee (New) **Rs. 300/-**
Gold Membership fee (10 years) **Rs.10500/-**
Contribution towards NSS Scheme **Rs. 1000/-**

D) Silver Member
Admission fee (New) **Rs. 300/-**
Silver Membership fee (5 years) **Rs.5750/-**
Contribution towards NSS Scheme **Rs. 500/-**

E) Affiliate member annual fee - US $100 (Payable only at IDA HO)
Affiliate member life fee US $ 350 (payable only at IDA HO)

Cheque / DD Number | Date / Month | Year | Bank

* Enrolment / Renewals can be made either at IDA HO / State / Local Branches.
* Outstation Payment to be made by DD / Cheque payable at par Mumbai.

## Nominee Details
(for IDA's National Social Security Scheme)

Title | Last Name | First Name | Middlle Name

Age: | Relation:

## Declaration

Tick here ☐ By becoming an IDA member, herewith I provide my consent to be a part of IDA's National Social Security Scheme.

Tick here ☐ By becoming an IDA member/submitting this application form, I agree hereby to receiving sms and email messages, reminders, information from IDA about Membership, Activities, Conferences, & Exhibitions and Continuing Dental Education programmes.

I declare that I have read all the details of the IDA Constitution, Bye-Laws, NSS Scheme - rules & regulations, Code of Ethics & professional conduct and resolve to abide by them. I am not a member of any association functioning parallel to IDA (This does not include specialty societies.) in my area & have not been convicted by any court of law. I am not engaged in any activity detrimental to the interest of any association. I solemnly declare that the contents of this application form are correct to the best of my knowledge and information. I agree that if anything contained herein is found to be false, my membership of Indian Dental Association is liable to be cancelled immediately.

(New members must attach supporting documents.)

Signature _____ Date: _____

## Office Use Only

| IDA HO Address | State Branch Address | Local Branch Address |
|---|---|---|
| Indian Dental Association<br>Bombay Mutual Terrace, 2nd Flr<br>534, Sandhurst Bridge,<br>Opera House, Mumbai-400 007<br>Tel. : 022 2367 1515<br>022 2369 6655<br>Fax : 022 2368 5613<br>Email : ho@ida.org.in | | |
| Date & Signature | Date & Signature | Date & Signature |

## Remarks

INDIAN DENTAL ASSOCIATION HEAD OFFICE