# EUROPEAN PROSTHODONTIC ASSOCIATION

## Application for Membership

**(Please type or print your response)**

**Title:** **Surname / Family name:**

**First name(s):**

**Dental / Specialist Qualifications (degrees / diplomas):**

**Address for correspondence:**

**City** **Postcode:** **Country:**

**Telephone number:**

**Email** (essential):

I wish to apply for membership of the European Prosthodontic Association. I am a member of my

National Prosthodontic Association which is:

(If not a member of a prosthodontic association, please include a brief Curriculum Vitae that indicates your special interest in Prosthodontics.)

I agree to my name and email address being placed on the EPA members web page.

I consent to be contacted via mail or electronic methods.

Signature: Please sign here, print name or place an electronic signature

| Membership options | Membership fees |
|---|---|
| Membership of the EPA + subscription to the on-line version of the European Journal of Prosthodontics and Restorative Dentistry | 80 Euros |
| EPASC Fellow + subscription to the on-line version of the European Journal of Prosthodontics and Restorative Dentistry | 100 Euros |

www.europrostho.org

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Please pay the membership fee (see below for payment method) and email this form to hontreasurerepa@gmail.com

| Payment method | Payment to |
|---|---|
| **Bank Transfer** | **Beneficiary Name:** Banking Relationship EPA<br>Van Lanschot Kempen<br>**IBAN:** NL68FVLB0635831562<br>**SWIFT_BIC:** FVLBNL22 |