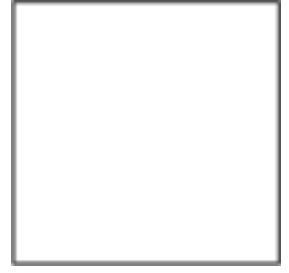


MEMBER REGISTRATION FORM

ASSOCIATION FOR ACCREDITATION OF DENTISTRY EDUCATION PROGRAMS

MEMBER NO:



I have read the bylaws of the association. I accepted its objective and obligations. I want to be a member. I undertake to pay my dues every year and contribute to the activities of the association, I submit this form for my acceptance to the Association.

... / ... / 20..

Name Surname

Signature

Name Surname		Education Status	
Marital Status		Foreign Language	
Blood Type		Title/Department	
Home Address			
Work Address		Work Phone	
E-mail Address	@	Mobile Phone	

IDENTITY REGISTRATION

TR Identity No		Place of Birth	
Name		Date of Birth	
Surname		Province	
Father's Name		County	
Mother's Name		Village / Quarter	

The membership request ofwas approved by the Board of Directors meeting decision dated ... /... /20.. and numbered The applicant was accepted to the original membership with the registration number

CHAIRPERSON

VICE-CHAIR

SECRETARY