INDIAN SOCIETY OF ORAL IMPLANTOLOGISTS

(Society Register No. 1214 Public Trust Reg. No. F/21368, Mumbai)

Affix Stamp Size Recent Colour Photo 2.5cm x 3cm

Application for Membership

(Please type or write in capital letters)

For Office Use only
Ac / As ; L / O ; _____ / _____
Admitted on ___/____/_____

1. I, Dr./ Mr./ Ms._____, _____
(Surname) (First name) (Middle name)
wish to apply for Active / Associate - LIFE / ORDINARY (Annual)/ STUDENT membership of the ISOI

Referred By _____

I would like to have my name to be printed on the Membership Certificate as : (ONLY FOR LIFE MEMBERS)

_____

2. My correspondence address is

_____

_____

_____

City _____ Pin _____ State _____

Cellular no._____ Landline No. _____

E-mail: _____

3. My date of birth is ____/____/19_____ 4. My nationality is _____

5. My marital status is Single / Married / Separated / Divorced / Widow / Widower,
6. My qualifications are
(Degree) (Year) (College / University)

a._____
b._____
c._____

7. My Dental Council Registration no. is _____ from _____State
8. My field of practice is _____
9. I have / have not undergone training course in Oral Implantology, the details of which are

a. Lecture / Demonstration / Hands-on_____
b. Duration / Date / Venue / Teacher_____
c. System _____
10. I use the following systems in my practice_____
11. I am a Fellow / Diplomate of International Congress of Oral Implantologists, USA.
12. I am a member of _____
(Professional bodies)

13. Membership Fees : -

MEMBERSHIP TYPE AND FEES DETAILS (Membership Fee is revised from 1st April 2015)					
Type of membership	**Enrollment Fee**	**Membership Fee**	**Total**	**GST (18%) from 1/7/2017**	**TOTAL TO BE PAID BY THE MEMBERS**
Life Membership (Active & Associate)	500	6000	**6500**	**1170**	**7670**
Overseas Membership	Dollars 50	Dollars 300	**350**	**63**	**413**
Annual Membership (from April to March valid for one year only. Fees are payable for the full year irrespective of the month of joining)	500	2000	**2500**	**450**	**2950**
Student Membership (from July to June valid for one year only. Fees are payable for the full year irrespective of the month of joining)	500	1000	**1500**	**270**	**1770**

Enclosed Rs. / USD _____ in cash / by cheque / by demand draft no. _____, dated _____, drawn on _____ _____ Branch in favour of "**Indian Society of Oral Implantologists**" payable in Mumbai. You can deposit cash in the ISOI account No.20002169228 (Branch Code 0093 T.H.Kataria Marg, Mahim,Mumbai 400016 branch) at any branch of the Bank of Maharashtra. Please send us zerox copy of the deposit receipt with membership application form.

BANK DETAILS FOR NEFT/RTGS PAYMENT

Bank Name : HDFC BANK
Branch : RUPAM CENTER CINE PLANET, SION CIRCLE, SION EAST, MUMBAI - 400 022
A/C Number : 50100470380072
A/C Name : INDIAN SOCIETY OF ORAL IMPLANTOLOGISTS
Account Type : CURRENT ACCOUNT
IFSC : HDFC0000163

14. Dated _____ Applicant's signature _____

_____

Please submit the completed application form along with the requisite fee (preferably by demand draft) & photocopy of Implant Course Certificate to: -

Dr. Amit Gupta,
Smile Care Dental Clinic, Shop No.13, 14, Swapnapurti Society, Opp. Gundecha Trillium, Behind 101 Corner, Thakur Village, Kandivali East, Mumbai 400101
Email: isoi0050@gmail.com /dramitvgupta@gmail.com Cell No.9821472746

(For office use only)

Application approved / rejected at Executive Council Meeting held on __ / __ / 20.
Receipt no. _____ issued on _____20.

_____ (Hon. Secretary)

_____ (Hon. Treasurer)

Membership Requirements

Active Member **(LIFE & ANNUAL)** - To qualify as an Active member of the Society, the applicant should hold at least a B.D.S. degree from any University in India recognised by the Dental Council of India or M. D. S., D. N. B. (Implantology) or D. D. S. or any other equivalent Foreign qualification, and should produce documentary evidence that he / she has attended at least one training course in Oral Implantology in any system. All Active members shall have voting rights & only Active Life members shall be eligible to stand for election. If an Active member is a Director or Partner of a firm which is a Manufacturer, Supplier or Dealer in Dental Implants, Implant equipment, and / or Implant related materials he / she shall not be eligible to stand for election.

Associate Member: - Associate membership is open to Dental Surgeons, Dental Laboratory Technicians, Dental Hygienists, Manufacturer, Supplier or Dealer in Dental Implants, Implant equipment, and / or Implant related materials, Physicians, Surgeons & Research Personnel. Associate members shall not have any voting rights & shall not be eligible to stand for election. However, they may have a voice at the General Body Meetings. Associate members subsequently fulfilling the requirements of Active membership may apply to the Secretary to convert his / her membership to Active member by submitting the required documents.

Student Member: - Student Membership is open to undergraduate and postgraduate Dental Students, Dental Mechanic Students and Dental Hygienist Students. This membership is for one year only and can be renewed only as long as the person is a student. Student members shall not have any voting rights. However, they may have a voice at the General Body Meetings.

An Indian Active or Associate member may be either Life or Annual member. An Overseas Active Member can only be a Life Member.

All class of members shall abide by the Constitution. Any member may withdraw from the Society by a written notice to the Hon. Secretary or the President. The withdrawal of the membership would have to be confirmed by the approval of the Executive Council.

Annual membership fees are for the financial year April 01 to March 31 for Ordinary members & for the academic year July 01 to June 30 for Student Members; these fees are payable for the full year, irrespective of the month of joining.