



THE ROYAL ASSOCIATION OF ORAL IMPLANTOLOGISTS

• USA • GERMANY • SINGAPORE •

4512 LEGACY DRIVE, STE 100, PLANO, TEXAS 75024, USA

RAOI Membership

Join The Royal Association of Oral Implantologists today!

- The mission of The Royal Association of Oral Implantologists is to have uniform credentialing or accrediting surgeons, dentists, physicians and auxiliaries who will enable a worldwide standard to measure performance and ability. The main objective is to encourage safety and best standards of patient care. To meet this end, RAOI offers a structured accreditation and credentialing programme in synergy with courses, educational opportunities and examinations.

RAOI Membership Benefits:

- Global reach under a prestigious name
- Recognition and Listing of your practice / organization in the Members directory which is accessible to patients
- Eligibility to apply for a Fellowship / Mastership / Diplomate / Board Certified credential
- Subsidized Attendance to Partners Annual Conference
- 24 x 7 Access to online courses and journals
- Regular newsletters
- Membership certificate for your portfolio

To join RAOI, please fill in the RAOI Membership form and send it to:

Ms. Dolna Saldanha
RAOI Executive Secretary
806 Thomson Road
#16-12 Thomson 800
Singapore 298189
Mobile: +65 8571 6046
Email: dolna@raoi.org



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RAOI Membership Application Form

Please complete all relevant sections, read the declaration and sign the form. Incomplete or unsigned forms cannot be processed and will be returned.

Membership Category: New Renewal (please choose the appropriate category)

Membership Number (*in case of renewal*):

Referral Name of affiliate society / colleague if any: _____

Members are entitled to a RAOI 3-yr REDUCED Membership fee of US\$/€/£ 450 (recommended if you are applying for a credential).

Standard Annual Membership (1yr) is US\$/€/£ 300

SECTION 1 – Applicants Personal Details			
Title:		Date of Birth:	
First Name:			
Last Name:			
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>
	<input type="checkbox"/>		Female

SECTION 2 – Contact Details			
HOME Address:		WORK Address:	
Postcode/Zip code:		Postcode/Zip code:	
Country:		Country:	
Email:		Email:	
Mobile:		Work Phone:	
Preferred address for communication (please tick):	<input type="checkbox"/>	Home	<input type="checkbox"/>
			Work

SECTION 3 – Qualifications	
Primary qualification:	Date Awarded:
Name of awarding Institution/College:	Country:
Higher qualifications (please list)	Date of completion:



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Country of licensure:	License Number:
UK / US – Board Certified or equivalent: YES/NO	

SECTION 4 – Payment Information

I am paying for (choose the relevant options):

- RAOI 3yr Membership Fee (US\$/€/£ 450)
 RAOI Annual Membership Fee (1yr) (US\$/€/£ 300)
 3yr Credential Revalidation Fee (US\$/€/£ 200)

Note: You can revalidate your credential(s) at the time of renewal.

I want to revalidate the following certificate(s) (please select relevant options):

- Fellowship Mastership Diplomate Board Certified

Payment options:

1. We accept MasterCard, Visa and American Express payments

- MasterCard Visa American Express

Card # _____ Expiry Date: _____ CVV: _____

Signature _____

2. Direct Bank transfer to the account detailed below:

Account Name: The Royal Association
Account Number: 8096580541
Bank Swift Code: BAOKUS44
Bank Number: 14

Bank Name: Bank of Texas
Bank Address: PO Box 29775, Dallas, TX 75229-0775, USA

A confirmation of the same must be sent by email to: accounts@RAOI.org

SECTION 5 – Declaration

I, _____ (name of applicant), hereby declare that all the information submitted in this application is accurate and true. I understand if any of the information submitted by me is proved otherwise, my application will be rejected, and the payment made by me towards my application will be forfeited.

Signed:

Name:

Date:



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Data Privacy

We are committed to ensuring that your privacy is protected. The information you provide here will only be used for the purposes of processing and approving your membership / credential request and obtaining membership / credentialing benefits. In accordance with data protection regulations we require your consent for this. The data for successful applicants will be held on our membership system.

I understand that RAOI will store and use the data I submit here for the purposes of processing my membership / credential request and obtaining membership / credentialing benefits. *The RAOI is occasionally asked by employers, government bodies or other similar organisations to verify an individual's membership/credential status for employment purposes.* I consent to The Royal Association of Oral Implantologists providing verification of my membership and credential status to third parties.

Signed:

Name:

Date: