



THE ROYAL ASSOCIATION OF ORAL IMPLANTOLOGISTS

• USA • GERMANY • SINGAPORE •

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

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. Click on the grey area to enter the information.

Membership Category: New Renewal (please select 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: Dr.

Date of Birth (dd/mm/yyyy):

First Name:

Last Name:

Gender

Male

Female

SECTION 2 – Contact Details

CLINIC Address:

Postcode/Zip code:

Country:

Email:

Mobile:

Work Phone (include country and area code):

SECTION 3 – Qualifications

Primary qualification:

Name of awarding Institution/College:

Higher qualifications (please list)

Country of licensure:

License Number:

UK / US – Board Certified or equivalent: YES NO



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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 (mm/yyyy):

CVV:

Signature

2. Direct Bank transfer to the account detailed below:

Account Name: The Royal Association

Bank Name: Bank of Texas

Account Number: 8096580541

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

Bank Swift Code: BAOKUS44

Bank Number: 14

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

SECTION 5 – Declaration

I, _____ (full 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 (dd/mm/yyyy):



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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 (dd/mm/yyyy):