

International College of Prosthodontists

ICP Student Member Application

First Name: _____ Last (Family) Name: _____ Titles: _____

Mailing Address:

University: _____ Dept: _____

Street Address: _____ Suite: _____

City: _____ State/Prov./Region: _____ ZIP/Postal Code: _____

Country: _____

Tel: (____) _____ Fax: (____) _____

Include (country code)

Email Address: *(required- All confirmation and receipts are emailed):* _____

If you are applying for an Affiliate Student membership, complete the following:

1. Are you currently a student enrolled full time in a recognized prosthodontic training program? Yes No
2. Name of University where you are enrolled? _____
3. Name of Prosthodontic Department? _____
4. Name of Department Chairperson? _____
5. Email Address of Department Chairperson? _____
6. When did you enroll? _____ (month/day/year) When will you graduate? _____ (month/day/year)

Dues are \$109 for Student Members. No application fee required. The *International Journal of Prosthodontics* (IJP) is not included with your annual dues. If you elect to receive the IJP and additional \$86 is required.

Students must submit a signed letter from accredited College/University graduate prosthodontic program *with this application form*.
Faxed to 1 (858) 272-7687

Annual Dues and ICP Biennial Conferences

Membership Term- members join for an indefinite term and are required to pay annual dues to remain in good standing. Only those in good standing receive all the benefits of membership. Membership dues are delinquent if not paid prior to June 1st of current year. Members who do not pay dues on time are charged a \$75 late payment fee and ultimately if they are in arrears for 2 years are dropped from membership.

The ICP Biennial Conferences- are held every odd numbered year. Unless invited by the ICP, all presenters (oral and poster) must be members of the ICP. We encourage our members to remain active and appreciate their support and dedication. Members who are not in good standing with dues will not be allowed to register as members until all fees are paid in full.

Payment Fee

\$109 Student Annual Dues *(required)* Enclosed dues is for the calendar year of: _____

\$86 International Journal of Prosthodontics (IJP) *(optional)*

_____ **Total Payment** *(add required annual dues and include IJP fee if you want subscription to the journal)*

Check/Money Order - issued in US dollars Payable to: **ICP**

Mail this application with your check to:

International College of Prosthodontists (ICP), 4425 Cass Street, Suite A, San Diego, CA 92109 USA

If you prefer to pay with credit card

Credit Card - **Visa** or **Master Card**. Fax or mail to the ICP Office **ICP Fax: 1 (858) 272-7687**

Charge my credit card for the following amount: _____ *(US dollars)*

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Card ID/CCV _____

3 digit number on back of card

Signature: _____ Date: _____