

# International College of Prosthodontists

## ICP Constituent and Affiliate Member Application

I am submitting this membership application for:  Constituent Member  Affiliate Member

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):* \_\_\_\_\_

Institution Attended (location, dates & degrees): \_\_\_\_\_

Are you licensed/certified as a prosthodontist?  Yes  No. If "Yes" what's the university or licensing authority and date?

Are you teaching prosthodontics?  Yes  No. If "Yes" what's the name of the university where you teach?

Please list the names of other prosthodontic organizations of which you are a member:

**Dues** Dues are \$250 for Constituent\* and Affiliate members *Plus* a \$50 process fee is required for new members  
Dues include annual subscription to the *International Journal of Prosthodontics* (IJP), 6 issues per year.

\* Constituent members must submit a photocopy of the applicant's diploma for education or license. Photocopy may be faxed to 1 (858) 272-7687 or emailed as an image to [newmembershipapplication@icp-org.com](mailto:newmembershipapplication@icp-org.com). Constituent application will not be approval until photocopy has been submitted. Those who do not provide documentation or who are not qualified as a Constituent member will be classified as an Affiliate member.

### 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

**\$50 Processing Fee** *(required)*

**\$250 Annual Dues (Jan-Dec)** *(required)*

**\$300 USD Total Payment**

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: **\$300** *(US dollars)*

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card ID/CCV \_\_\_\_\_

*# 3 digit number on back of card*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_