



International College of Prosthodontists

ICP Organizational Member Application

Organizational Members are organizations devoted to the specialty of prosthodontics.

Please note **Required** * information:

Contact Information

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

*Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____

*Email: _____

Position Currently Held at University: _____

University Name: _____

*Organization Information:

Organization Name: _____

Acronym for Organization: _____

Organization's General/Public Email Address: _____

Organization Website: _____

Does Organization provide conferences for members? Yes No

Location of your next general meeting: _____

Website URL of your next general meeting: _____

Date of your next general meeting: _____

*Organization is a: (Select all that apply)

National Organization:

International Organization:

Local/Provincial/State Organization:

*Organization's membership include: (Select all that apply)

General Dentists:

Specialist Prosthodontists:

Other Specialist Groups:

Dental Hygienists:

Technologists:

Scientists:

*Does organization provide certification or credentialing at any level? Yes No

*Is organization certified or registered as a continuing education provider? Yes No

Thank you for your application. All applications must be reviewed by the Membership Committee prior to approval.

International College of Prosthodontics | Email: ICP@ICP-Org.com | Website: www.ICP-Org.com

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