

**Toothfriendly International
Application for Individual Membership**

Name_____

Address_____

City_____ Postal code_____ Country_____

Telephone_____ E-mail _____

Organization name_____

Present position_____

Title_____ Education_____

Primary role:

Clinician

Administrator

Scientist

Policy maker

Educator

Other_____

Decided to join Toothfriendly International because_____

The current yearly fee for Individual Membership is €50.

Applicant's signature_____ Date _____

Please complete and return this application to
Toothfriendly International, Bundesstrasse 29, 4054 Basel, Switzerland
fax: ++41 61 273 77 03 e-mail: contact@toothfriendly.ch