



EUROPEAN PROSTHODONTIC ASSOCIATION

Application for Membership

Title (Dr. Prof. etc.) _____ Surname / Family name _____

First name (s) _____

Degrees / Diplomas / Qualifications _____

Address for correspondence: _____

Country _____

Telephone number _____

Email (essential) _____

I wish to apply for membership of the European Prosthodontic Association. I am a member of my National Prosthodontic Association which is:

(If not a member of a prosthodontic association, please include a brief Curriculum Vitae that indicates your special interest in prosthodontics.)

I agree to my name and email address being placed on the EPA web page (please delete if necessary)

Signature _____

Membership of the EPA plus subscription to the European Journal of Prosthodontics and Restorative Dentistry (4 issues yearly) is £32 sterling (or 50 Euros)

Membership of the EPA without the Journal is £12 sterling (or 20 Euros)

Please return this form together with membership fee (including bank charges) to treasurer:

Dr Trevor Coward

Department of Prosthetic Dentistry

Kings College Dental School & Hospital,

Bessemer Road, London SE5 9RS, U.K.

Tel: 44 0207 346 3584

e-mail: trevor.coward@kcl.ac.uk)

N.B. Cheques or Banker's Drafts should be made payable to "European Prosthodontic Trust" and if not in pounds sterling should include any banking charges.

For payment to be made by credit / debit card please contact the treasurer.