

Title: Choose an item. Surname / Family name:

First name(s):

Dental / Specialist Qualifications (degrees / diplomas):

Address for correspondence:

City      Postcode:      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 Vita that indicates your special interest in Prosthodontics.)

I agree to my name and email address being placed on the EPA members web page.

 I consent to be contacted via mail or electronic methods.

Signature: Please sign here, print name or place an electronic signature

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| **Membership options** | **Membership fees** |
| Membership of the EPA + subscription to the on-line version of the European Journal of Prosthodontics and Restorative Dentistry (4 issues yearly) | 80 Euros |

Please pay the membership fee (see below for payment method) and email this form to epadental.acc@gmail.com

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