



# Indian Academy of Aesthetic & Cosmetic Dentistry

A/8, My Mother CHS, Plot 412 R.C.Marg, Chembur, Mumbai 400074 PH: 25234728

## LIFE MEMBERSHIP FORM

Surname : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

City : \_\_\_\_\_ Pin : \_\_\_\_\_

Country : \_\_\_\_\_

Phones : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_ Website : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Application Date : \_\_\_\_\_

Graduation : \_\_\_\_\_ Institution: \_\_\_\_\_  
Year (BDS)

Speciality : \_\_\_\_\_ Institution: \_\_\_\_\_  
(MDS)

PG Year : \_\_\_\_\_ DCI Reg No: \_\_\_\_\_  
(MDS)

Academic : \_\_\_\_\_  
Affiliation

Payment : Cheque/Cash Cheque No: \_\_\_\_\_

If my application is accepted, I agree to abide by the Constitution, its Bye Laws and other rulings of the Academy. I understand that the use of IAACD's logo or any other reference to the IAACD in any promotional materials such as, but not limited to yellow pages ads, newspaper and magazine ads, letterhead, business cards, etc is restricted to Accredited Members. I understand that my joining the IAACD as an Associate Member does not entitle me to the privileges of an Accredited Member and I agree not to use the IAACD's name in the aforementioned promotional materials or any other communication with the public until I fulfill my Accreditation requirements.

Signature of the Applicant : \_\_\_\_\_