



## REGISTRATION FORM FOR GENERAL MEMBERSHIP

(Please Print)

NAME OF INDIVIDUAL OR ORGANIZATION

STREET ADDRESS

TOWN/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

COUNTRY

TELEPHONE NO.

EMAIL ADDRESS

### Registration Fee

Currently the annual membership fee is \$2,750 CDN.

### Method of Payment

Cheque

Please attach cheque to this form and make it payable to **International Society of Dental Regulators**.

Wire Transfer

NAME		ADDRESS	
International Society of Dental Regulators		6 Crescent Road, Toronto, ON M4W 1T1, Canada	
ACCOUNT NO.	FINANCIAL INSTITUTION	TRANSIT NO.	
067021081280	003	06702	
BRANCH ADDRESS			
Royal Bank of Canada, 2 Bloor Street East, Toronto, ON M4W 1A8, Canada			
BRANCH TELEPHONE	SWIFT CODE NO.	ABA NO.	
416-974-2746	ROYCCAT2	021000021	

### SEND COMPLETED FORM TO:

Angie Sherban at asherban@rcdso.org or fax: 00+1-416-961-8846.

If you are paying by cheque, please mail the completed form and payment to:

**6 Crescent Road, Toronto, ON M4W 1T1, Canada**

**Attn: Angie Sherban**