



## Information on Organization Applying for Organizational Membership

The International Society for Maxillofacial Rehabilitation (ISMR) greatly values the desire of your organization to hold Organizational Membership in the ISMR. By providing information on your organization, the application process will be greatly assisted and will also allow the ISMR to assess how best it may support and assist your organization. The following information will allow for timely processing of the application for Organizational Membership.

### 1. Person Completing the Form

- Date:
- Name:
- Postal Address:
- Email:
- Telephone Number:
- Office Held in Your Organization:

### 2. Organization Applying for Organizational Membership in the ISMR

1. Legal Name of Organization:
2. Organization's Website Address:
3. Acronym for Organization:
4. Jurisdiction Where Organization is Registered (City, Province or State, Country):
5. Is Your Organization a:

- |                                 |        |
|---------------------------------|--------|
| • National Organization         | Yes/no |
| • Provincial/State Organization | Yes/No |
| • Local Organization            | Yes/No |





6. Mission of Organization:
  
7. Membership Information:
  - 7.1 Total Number of Members:
  
  - 7.2 Please provide information on the professional discipline(s) that hold membership in your organization:
  
8. Please Explain How Your Organization Contributes to Supporting, Developing and Advancing the Discipline of Prosthodontics:
  
9. Does Your Organization Provide Conference for Member? How often
  
10. Is Your Organization Certified or Registered as a Continuing Education Provider?
  
11. By Becoming an Organizational Member, how may the ISMR be of Assistance to the Mission of your Organization?

