



IADR

INTERNATIONAL ASSOCIATION
FOR DENTAL, ORAL, AND
CRANIOFACIAL RESEARCH

1619 Duke Street, Alexandria, VA 22314-3406, USA

Telephone: +1.703.548.0066

Email: memberservice@iadr.org

Web: www.iadr.org

CERTIFICATE OF ELIGIBILITY FOR STUDENT MEMBER STATUS

The expected date of completion of my education course or program is _____

(Month/Year)

I understand that my eligibility for student membership fees is based on my full-time enrollment in an educational course or program. Upon completion, I will become liable for the payment of full fees applicable to Members.

IADR Bylaws Section A.2.C

STUDENT MEMBER: A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in dental research. Student members must become Members when eligible or be dropped from membership. Individuals may be classified at the Student level for no more than 8 years. The Student Member shall have all the rights and privileges of membership but shall have no vote.

Name of Institution

Student Name (print or type)

Student Signature

Student Type - Please select your current student type below.

- | | |
|---|---|
| <input type="checkbox"/> College, University, pre-Dental or Secondary Student | <input type="checkbox"/> PhD Student with no professional degree |
| <input type="checkbox"/> DDS/DMD or BDS Student | <input type="checkbox"/> PhD Student after professional degree |
| <input type="checkbox"/> MD or DO Student | <input type="checkbox"/> Dual Degree Program Student |
| <input type="checkbox"/> Masters Student with no professional degree | <input type="checkbox"/> Post-doctoral (Dental or Medical Fellow and PhD) |
| <input type="checkbox"/> Masters Student after professional degree | <input type="checkbox"/> Other: |

Enrollment Attested

Name and Title of Dean or Faculty Advisor

Signature

Date