

**INTERNATIONAL ASSOCIATION OF PAEDIATRIC DENTISTRY**

**NATIONAL SOCIETY MEMBERSHIP APPLICATION FORM**

**Your Name & Surname:** Click or tap here to enter text.

**Your Email Address:** Click or tap here to enter text.

**Your contact number (please include country code):** Click or tap here to enter text.

**Name of Association:** Click or tap here to enter text.

**Association Address:**Click or tap here to enter text.

**Telephone (please include country code):** Click or tap here to enter text.

**Email of Association:** Click or tap here to enter text.

**Website for link to IAPD:** Click or tap here to enter text.

**Number of Members:**Click or tap here to enter text.

**Name of the President:** Click or tap here to enter text.

**Telephone (please include country code):** Click or tap here to enter text. **Email:**Click or tap here to enter text.

**Terms of office (number of years):** Click or tap here to enter text.

**Started / Starting on:** Click or tap here to enter text.

**Name of the President-Elect:** Click or tap here to enter text.

**Telephone (please include country code):** Click or tap here to enter text.

**Email:**Click or tap here to enter text.

**Terms of office (number of years):** Click or tap here to enter text.

**Started / Starting on:** Click or tap here to enter text.

**Name of the Secretary General:**Click or tap here to enter text.

**Telephone (please include country code):**Click or tap here to enter text.

**Email:**Click or tap here to enter text.

**Terms of office (number of years)** Click or tap here to enter text.

**Started / Starting on**Click or tap here to enter text.

**The editors of the International Journal of Paediatric Dentistry would like to publish profiles of the National Societies of IAPD to inform the readership of the challenges facing paediatric dentists worldwide.**

**To do this could you please provide a short report which addresses the following questions, (200/300 words). Please include a photograph (if possible) representing some characteristics of your country.**

Click or tap here to enter text.

**Number of paediatric dentists:**Click or tap here to enter text.

**Does your government recognise paediatric dental specialists?**

**Yes  No**

**How are dental services for children organised?**

Click or tap here to enter text.

**Are the above-mentioned services private practice / state funded / community-based?**

Click or tap here to enter text.

**Population statistics:**

**Total population:**Click or tap here to enter text.

**Under 16** **years of age**Click or tap here to enter text.

**Mean dmft value for 5 & 12-year-old children** Click or tap here to enter text.

**Is drinking water fluoridated?**

**Yes  No**

**Number of undergraduate dental schools:** Click or tap here to enter text.

**Any additional information you think would be relevant:**

Click or tap here to enter text.

**Date of application:**Click or tap to enter a date.

**Signature:**Click or tap here to enter text.****

**Please send this form to the IAPD Secretariat vie email (**[**iapd@iapdworld.org**](mailto:iapd@iapdworld.org)**) accompanied by a copy of the Constitution of the Society, List of Officers & Society logo (if applicable)**