

**Toothfriendly International
Application for Institutional Membership**

Name of the applying organization _____

Contact person:

Name _____

Address _____

City _____ Postal code _____ Country _____

Telephone _____ E-mail _____

Website address _____

What is the purpose and activity of your organization _____

Institutional membership is open and free of charge for charities, voluntary organizations and NGOs, university departments and associations promoting dental or public health.

Our organization states its support to Toothfriendly International.

Applicant's signature _____ Date _____

Please complete and return this application to
Toothfriendly International, Bundesstrasse 29, 4054 Basel, Switzerland
fax: ++41 61 273 77 03 e-mail: contact@toothfriendly.ch