



## GCLD MEMBERSHIP FORM

**First Name:** \_\_\_\_\_ **Middle name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Preferred name:** \_\_\_\_\_ (As you wish it to appear on certificates, directories, etc)

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Educational Background:** \_\_\_\_\_

\_\_\_\_\_

**Dental school Degree(s):** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_

**Postgraduate Education (List relevant programs and institutions):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Years of clinical experience in dentistry:** \_\_\_\_\_ **Years of experience in laser dentistry:** \_\_\_\_\_

\_\_\_\_\_

**Current practice type (Solo, group, academic, etc):** \_\_\_\_\_

**Professional website or online presence (URL):** \_\_\_\_\_

**Country of Licensure:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_ **AGD #:** \_\_\_\_\_

**Membership category (Please select one):**



## **GCLD MEMBERSHIP FORM**

**Active member:**   
(Open to dentists practicing laser dentistry)

**Affiliate member:**   
(Open to dental professionals involved in laser dentistry but not actively practicing dentistry)

**Student member:**  (  
Open to currently enrolled dental students)

**Professional Affiliations (List relevant professional organizations and memberships):**

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**References: (Please provide contact information for two professional references)**

**Reference 1:** \_\_\_\_\_ (Name, Title, Affiliation, Email Address)

**Reference 2:** \_\_\_\_\_ (Name, Title, Affiliation, Email Address)

**Dues and payment:** Please visit our website or contact the GCLD office for current membership dues, information and payment options. <https://www.globalcld.com/>

**Declaration:**

**I understand and agree to abide by the bylaws and code of ethics of the Global Congress of Laser Dentists, I declare that the information provided in this application is accurate and complete to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit your completed application electronically to (email address) or by mail to [mail@globalcoi.com](mailto:mail@globalcoi.com)**

**Thank you for your application! We look forward to welcoming you to the GCLD community.**

