



Friends of the National Institute of Dental and Craniofacial Research

1901 Pennsylvania Avenue, NW

Suite 607

Washington, DC 20006

Phone: 202.223.0667

Fax: 202.463.1257

www.FNIDCR.org

Membership Application

Membership Category *(please check one)*

- Corporation Patient Advocacy Organization Dental School Non Profit Institution Individual

Your Information

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Web Address: _____

Membership Levels *(please check one)*

Corporation

- Benefactor (\$25,000) Sponsor (\$10,000) Patron (\$5,000) Contributor (\$2,500) Donor (\$1,000) Other \$ _____

Dental School & Non Profit Organization

- Benefactor (\$10,000) Sponsor (\$5,000) Patron (\$2,000) Contributor (\$1,500) Donor (\$1,000) Other \$ _____

Patient Advocacy Organization

- Benefactor (\$1,000) Sponsor (\$500) Patron (\$250) Contributor (\$150)

Individual

- Benefactor (\$5,000) Sponsor (\$2,500) Patron (\$1,000) Contributor (\$500) Donor (\$100) Other \$ _____

Payment Information

CHECK: Please send your check payable to FNIDCR with this completed form to:

FNIDCR, 1901 Pennsylvania Avenue NW, Suite 607, Washington DC 20006

CREDIT CARD: Fax this form with credit card payment to 202-463-1257

Card Info: Visa MasterCard Expiration Date (mo/yr) ___/___ Card Number: _____

Cardholder's signature _____ Cardholder's name on card (print) _____

Signature: _____ Date: _____

For More Information:

Contact Laikisha Jeffries, Membership Director, at 202.223.0667 or membership@fnidcr.org.