

Application form for admission

"Please fill out clearly or directly on the desktop (interactive PDF)."

As an ICOSIM member, you receive a 10 % discount on the net purchase price when buying OroTox® or MindLINK® products. Additionally, ICOSIM members have a priority option for the CaviTAU® ultrasonic measuring device.

For processing your application, it is essential to complete both the SEPA B2B direct debit mandate and the consent for data processing on page 2.

Also receive our exclusive newsletter for free! *(For this, we only need your email address and your consent.)*

As a regular member, you will be recorded as an individual and as a legal entity, you will be listed as a company (e.g., practice community).

Hereby, I apply for my membership with ICOSIM e.V. as:

☐ Ordinary member

☐ Legal person

Company/Practice _____

Salutation/Title _____ Date of birth _____

First name _____ Last name _____

Street _____ ZIP Code/Location _____

E-Mail _____ Mobile/Fixed network _____

Please write the email address clearly! Thank you!

Status / Type of Membership*	Membership fee	Please select	Please select	Specialization ¹
Comfort Member	99,00 €	☐	☐	General dentistry
Contributonal Member	199,00 €	☐	☐	oral surgery
Member of Scientific Council	249,00 €	☐	☐	environmental dentistry
Circle Member / Industry Partner / Institution / Clinic			☐	implantology
Silver	4.499,00 €	☐	☐	Oral and Maxillofacial Surgery
Gold	9.499,00 €	☐	☐	Other
Platinum	14.499,00 €	☐		
Executive Council	999,00 €	☐		

¹All our members receive a membership card, which can also be used perfectly as a name tag.

Please let us know which specialist designation should appear on this ID.

If you are still in training, we use the term 'physician'.

I was recruited as a member or became aware of your association through: _____

☐ Yes, I would like to stay informed about news from ICOSIM e.V., the research results, and product developments of Dr. Dr. (PhD-UCN) Johann Lechner, as well as subscribe to the relevant email updates.

Place / Date / Signature:  _____

Please sign and return it together with the completed SEPA direct debit mandate and the consent to data protection by fax to **+49 89 69 38 62 56** or (scanned) via email to **info@icosim.de** or by post (in a window envelope) to **ICOSIM e.V., Mehlsbeerstr. 2, D-82024 Taufkirchen**. Thank you!

Further information → see the articles of association at <https://icosim.de>.

To
ICOSIM e.V.
Mehlbeerenstr. 2
D-82024 Taufkirchen

SEPA Direct Debit Mandate

Payer

Mandate reference: _____

Creditor identification number (will be filled in by ICOSIM): _____

Name of the payer: _____

Address of the payer: _____

Name of the debtor's bank: _____

IBAN: _____ BIC: _____

Name of the payee (to be filled in by ICOSIM): _____

Address of the payee (to be filled in by ICOSIM): _____

Name of the payee's bank (will be filled in by ICOSIM): _____

I/we hereby authorize the above-mentioned payee to collect payments from my/our account by SEPA business-to-business direct debit. At the same time, I/we instruct my/our bank to redeem the SEPA direct debits drawn by ICOSIM e.V. on my account. I confirm that I am not a consumer within the meaning of § 13 BGB (German Civil Code) and that the mandate will only be used for business purposes.

The membership fee is debited immediately after successful application and activates your membership at the same time. The fees for subsequent terms are debited at the beginning of each term.

Place / Date / Signature:  _____
Payer

Consent to data processing

I consent to my data being collected, processed and used by ICOSIM e.V. for the following purposes:

- Member administration and processing of payment transactions.
- General information and communication with me.
- Information about the job market of ICOSIM e.V.

ICOSIM e.V. backs up all data on an external cloud server at a certified data center in Germany. My data will not be passed on for commercial use (advertising or similar).

The collection, processing and use of my data is voluntary. I can revoke my consent at any time with effect for the future. I will address my declaration of revocation to the:

ICOSIM e.V. | Mehlbeerenstr. 2 | D-82024 Taufkirchen

In the event of revocation, my data will be deleted by ICOSIM e.V. upon receipt of my declaration of revocation.

Place / Date / Signature:  _____
Payer

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* Explanations on Status / Type of Membership

Status / Type of Membership	Explanation / Responsibilities / Access to
Comfort Member	1. The regular member does not have any club duties. 2. They gain access to the regular ICOSIM portal.
Contributonal Member	1. They gain access to the regular ICOSIM portal. 2. They gain access to the regular ICOSIM portal and access to the working groups and their results/insights. 3. Contribution of personal work and insights in integrative biological oral medicine. 4. Taking on specific tasks/projects to solidify the findings and existence of integrative dental medicine facts and coordinating these tasks/projects. 5. Organization of the results of the working groups, posting via the ICOSIM online platform. The active member has the opportunity to apply for both content-related and financial support from the association for their activities in the working group(s). The board decides on the amount and scope of the support, which may also delegate this task to a committee of active members.
Member of Scientific Council	1. Professional advice for the board, board members, and Executive Council. 2. To promote and support ICOSIM members in their efforts to learn about Integrative Oral Medicine (IOM). 3. Organization and implementation of training sessions, lectures, exercises, IOM presentations, and conducting courses on IOM treatment processes according to the curriculum of the "Certified IOM Specialist" and/or hands-on training for, among other things, ultrasound examinations or Lechner's JAWBONE DETOX PROTOCOL and/or Lechner's SlowImplant Protocol. 4. Personal participation in training and continuing education measures. 5. Consultation on the acquisition of specialist literature. The member of the respective specialist advisory board will be listed on the association's homepage as "Member of the Specialist Advisory Board" at their request and linked to a webpage of their practice as named by them.
Circle Member / Industry Partner / Institution / Clinic Silver Gold Platinum	The Circle Member supports the management and development of ICOSIM in various ways during the establishment and expansion of the association. Possible support measures may include: 1. Expansion and support for the participation of ICOSIM's working groups. 2. Provision of infrastructure, materials, and/or personnel support. 3. Financial support for ICOSIM and/or one of its projects that ICOSIM cannot fund from its own resources. 4. The member commits, in their role as a Circle Member, to ensure that all external representations are content-wise and technically correct regarding ICOSIM and the IOM content. The Circle Member will be listed on the association's homepage as a Circle Member upon their request and linked to their practice. Furthermore, they will have access to the opportunity to present themselves as an extraordinary and special cooperation partner in the events initiated by the association.
Executive Council	1. Organization of ICOSIM events (such as member meetings, trade fairs, congresses, other specialist events, or events where the participation of ICOSIM seems appropriate). 2. Organization of club life and all associated administrative and organizational activities (e.g., maintaining member lists, bookkeeping of membership fees, coordinating with the treasurer, managing applications, clarifying organizational questions, etc.). 3. Establishment of the Academy department and the content development of the Academy's teaching materials. 4. Other tasks that fall within the operational implementation of tactical and strategic further developments of ICOSIM.