

New Brunswick Dental Assistants Association

179 Mollins Rd., Colpitts Settlement, NB E4J 2W9 Phone: (506) 850-9876 Fax: (506) 532-3635 Toll free 1-866-530-9189 Website: www.nbdaa.ca E-mail: <u>nbdaa@bellaliant.net</u>

MEMBERSHIP APPLICATION

| Name: (First) | | Middle name | | Last name: | |
|--------------------------------|--------------------|-------------|------------|------------|-------------|
| Address: | | | | | |
| City | | | Province | | Postal Code |
| Date of birth (day/month/year) | Home or cell phone | | Work phone | | Fax: |
| Sex: (f) or (m) | Maiden name | | E-mail | | |

Have you ever been a member of the NBDAA in the past? Yes No (If no, we need a copy of your credentials)

OCCUPATION:

Chairside Receptionist Educator Business Administrator Student

CREDENTIALS

Which Local (please circle one): Fredericton Moncton Saint John North Shore Upper St. John River Valley PEI

STUDENT FEE INACTIVE FEE: \$45 Provincial (Not eligible for licence)
 REGULAR FEE: \$35 National; \$80 Provincial; \$5.00 Local; \$15 Malpractice Insurance
 A level II dental assistant must include proof of 12 continuing education points.

Renewal date: October 1st

| Please make cheque or money order payable to N.B.D.A.A . and mail to the above address . | Credit Card Payment | | | |
|--|---|--|--|--|
| E-Transfer is available at <u>nbdaa@bellaliant.net</u> | MasterCard VISA | | | |
| | Card # | | | |
| | Exp. date Security code Authorized Signature: | | | |
| | | | | |

Signature: ____

Date: _____