

# 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	Office Name
	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)

<b><u>CREDENTIALS</u></b>		
Dental Assisting School		
Year of graduation	NDAEB Certificate: yes or no	If yes, file number
Intra oral upgrade: year	Intra oral school	

## **OCCUPATION:**

- ☐ Level II  
☐ Receptionist  
☐ Educator  
☐ The Student  
☐ Level I

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

<input type="radio"/> <b>STUDENT FEE</b>	<input type="radio"/> <b>INACTIVE FEE:</b> \$45 Provincial	<b>Total: \$45.00</b>
<input type="radio"/> <b>LEVEL 1 FEE:</b> \$80 NBDAA; \$5.00 Local ( <b>DOES NOT</b> qualify for Malpractice Insurance)		<b>Total: \$85.00</b>
<input type="radio"/> <b>REGULAR FEE:</b> \$80 NBDAA; \$5.00 Local (Malpractice Insurance is separate)		<b>Total: \$85.00</b>

**Renewal date: October 1<sup>st</sup>**

Please make **cheque or money order payable to N.B.D.A.A.** and **mail to the above address.**

E-Transfer is available at [nbdaa@bellaliant.net](mailto:nbdaa@bellaliant.net)

No refunds

\* **Malpractice insurance** will be available for purchase each December through our “**Members Only**” section on our website.

The cost of the insurance is **\$20.00**, and it will provide coverage from January to December.

**Please ensure you buy your insurance in December to maintain uninterrupted coverage.**

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

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