



National Dental Association 2016 MEMBERSHIP APPLICATION

Membership period is for the calendar year January 1 through December 31, 2016

103rd NDA Convention
Atlanta
GEORGIA
JULY 22-26, 2016

PLEASE PRINT OR TYPE

REGISTER ONLINE AT www.ndaonline.org

Check If: New Member Renewal Year Joined _____ DOB ____/____/____ Today's Date _____

Name _____ DDS DMD Male Female
First M.I. Last Hyphen Name Suffix

Preferred Mailing Address _____

City _____ State _____ Zip _____ Home Office New Address

Phone (Work) _____ (Fax) _____ (Home) _____

(Cell) _____ E-mail _____

Dental License # _____

Dental School _____ Year Degree Conferred _____

Additional Degree(s)/Certification(s) _____

Name of NDA Local Society _____ NDA State Society _____

(Check all that apply) Executive Committee Trustee Delegate
 Past President First time attending CRT

PROFESSIONAL ACTIVITY:

- General Practice Pediatric Dentistry Oral Surgery Other _____
 Orthodontics Oral Pathology Prosthodontics _____
 Endodontics Periodontics Public Health _____

2016 MEMBERSHIP DUES:

- | | |
|---|-------|
| <input type="checkbox"/> Active Member - Pay by Oct. 15, 2015 (Early Bird Rate) | \$350 |
| <input type="checkbox"/> Active Member - Pay by Nov. 15, 2015 (Early Bird Rate) | \$375 |
| <input type="checkbox"/> Active Member - Pay after Nov. 15, 2015 | \$395 |
| <input type="checkbox"/> Active Military Member (copy of military ID required) | \$270 |
| <input type="checkbox"/> Affiliate/International Member
(Dentist practicing outside U.S. & U.S. Territories) | \$270 |
| <input type="checkbox"/> Associate Member (Non-Dentist) | \$270 |
| <input type="checkbox"/> Full Time Faculty Member (copy of faculty ID required) | \$270 |
| <input type="checkbox"/> Retired Member (approval and verification required) | \$100 |
| Subtotal \$ _____ | |

Please make payments of National, State and Local society dues to your appropriate Society to complete the NDA Membership process.

MAKE CHECK or MONEY ORDER PAYABLE TO:

National Dental Association
6411 Ivy Lane, Suite 703
Greenbelt, MD 20770
240.241.4448 / Fax 240.297.9181
Toll Free 877.329.9756

- AMEX VISA MasterCard Discover

Card Number _____ Exp. Date _____

Card Holder Name (print) _____

Amount \$ _____ Signature _____

PAYMENT PLAN OPTION

- 3 Month Plan for Dues Only
 3 Month Plan for Registration Only
 6 Month Plan for Dues and Registration

CREDIT CARD PAYMENTS ONLY! Payments will be deducted automatically on the first of each month until paid in full. All payments will be paid in FULL by April 30, 2016.

**GRADUATES & RESIDENTS
DUES INFORMATION**

DUES FOR GRADUATES

NOTE: Copy of DDS or DMD diploma or letter from school confirming your degree date is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and Master Degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation is received.

- 2016 Graduates no dues
 2015 Graduates \$25
 2014 Graduates \$200

DUES FOR RESIDENTS

NOTE: Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues are for dentist participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.

- Current Residents \$25

OTHER CONTRIBUTIONS: A SEPARATE CHECK IS REQUIRED FOR EACH CONTRIBUTION [tax deductible - 501(c)3]

- NDA Endowment Fund \$ _____ NDA Centennial Fund (donations also available online) \$ _____

*A \$35 SERVICE CHARGE WILL BE ASSESSED FOR ANY RETURNED CHECK.

For additional information please contact NDA Membership Services at 240.241.4448 ext. 101.