

MEMBERSHIP INVOICE

January 1 - December 31 2025

Complete all fields below. If it does not apply, write "N/A" in the space Provided

PRINT CONTACT INFORMATION: AGD# _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Update Information:

(Please correct personal information in space provided)

- New Member
- Renewal
- Other Contribution

Referred by an NDA Member? Please Share their name:

Preferred Mailing Address _____

Office Phone _____

Fax _____

Home Phone _____

Cell _____

Email _____

Specialty _____

NDA Local Society _____

NDA State Society _____

Dental School _____

Degree _____

Grad year _____

Additional Degrees _____

Date of Birth _____

Gender: M F

DESCRIPTION

PRICE

SUBTOTAL

2025 MEMBERSHIP DUES:

<input type="checkbox"/> Active Member	\$395	
<input type="checkbox"/> Active Military Member	\$270	
<input type="checkbox"/> Affiliate/International Member (<i>Dentist practicing outside US & US Territories</i>)	\$270	
<input type="checkbox"/> Associate Member (<i>Non-Dentist</i>)	\$270	
<input type="checkbox"/> Full-Time Faculty Member (<i>copy of Faculty ID required</i>)	\$270	
<input type="checkbox"/> Retired Member (<i>approval and verification required</i>)	\$100	

(Please be sure to pay your local and state society dues to complete the NDA membership process)

CHAPTER MEMBERSHIP DUES

<input type="checkbox"/> State Chapter Membership Dues (print name of chapter):	\$ <u>Enter Amount</u>	
<input type="checkbox"/> Local Chapter Membership Dues (print name of chapter):	\$ <u>Enter Amount</u>	

DUES FOR GRADUATES* AND RESIDENTS:**

<input type="checkbox"/> 2025 Graduates	No Dues	\$ _____
<input type="checkbox"/> 2024 Graduates	\$ 50	
<input type="checkbox"/> 2023 Graduates	\$ 200	
<input type="checkbox"/> Current Residents	\$ 50	\$ _____

NDA Legacy Fund:

<input type="checkbox"/> NDA Legacy Donation	\$ _____	
<input type="checkbox"/> NDAF Donation	\$ _____	
<input type="checkbox"/> NDA Community Outreach Donation	\$ _____	
		\$ _____

***Trustees, Delegates, & Past Presidents.

PAYMENT INFORMATION

TOTAL

- Check or Money Order
- Credit Card

Card Holder's Name _____ AGD# _____

AmEx Credit Number
 Discover
 MasterCard
 VISA Expiration Date / CVV Billing Zip-Code

I wish to help preserve the environment - please send me my copy of the Flossline digitally

Card Holder's Signature & Date

*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. **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 dentists participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.