

## CDTA Membership Form 2018

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email(2): \_\_\_\_\_

Please circle the following special characters if used in your email address:

! @ # \$ % \_ - . , ? + \* =

Please use personal email address for privacy and connectivity concerns. Blocked in coming emails and third party viewing are common issues that impede communication for all concerned **Warning: opening personal mail on work computers can lead to third party viewing.**

Please check one :

Active Membership \$40

Associate Membership \$30

By checking one of the above you understand the set definition of membership. Please check following page for additional CDTA membership details.

Do you have access to email in your area? **Please check the box that suits your convenience.** If you do have email access CDTA will use email for contact to reduce cost for the association and environmental foot print.

Post Mail     Email

### Please check email contact preference:

Yes, I would like to receive notice of annual and special meetings and information in regards to the CDTA [Admin@dental-therapists.com](mailto:Admin@dental-therapists.com)

Yes, I would like to receive any information on oral health and dental therapy on the general mail circulation list. [CDTA-ML@dental-therapists.com](mailto:CDTA-ML@dental-therapists.com)

Yes, I would like to share my email address with other CDTA members for purposes of CDTA business.

Please add the above email addresses to your contact list, to receive email.

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

**Payment:** Please make cheque or money order payable to the Canadian Dental Therapists Association. Please do not send cash.

Cheque     Money Order     Paypal

Send To: Canadian Dental Therapists Association, 87 Brookland street. Antigonish, Nova Scotia B2G 1W1

\*\*\*Please note in order to be a member the form must be completed and returned in addition to payment\*\*\*

(New members or current /returning members updating status complete the following)

**Employment:**

Please check any of the boxes that apply to your current position.

- |  |  |
|--|--|
| <input type="checkbox"/> Private practice administration | <input type="checkbox"/> Private practice clinical     |
| <input type="checkbox"/> Public service clinical         | <input type="checkbox"/> Public service administration |
| <input type="checkbox"/> COHI                            | <input type="checkbox"/> Educational institution       |

**Education:**

Dental Therapy School/Program: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**In addition to dental therapy diploma:**

University degree: \_\_\_\_\_ College diploma : \_\_\_\_\_

Certificates: \_\_\_\_\_ Continuing Education/Other : \_\_\_\_\_

**Affiliated Organizations:**  CDA,  CAPHD,  CADH,  CDAA,  SDTA,  MDTA  
other: \_\_\_\_\_

**Reasons for joining the CDTA:** \_\_\_\_\_

**Active Member \$40.00**

One who is a graduate of a Canadian dental therapy program and is currently employed as a dental therapist by either the Federal Government, Territorial Governments, First Nations Governments, Private Practice or Health Boards/Authorities.

**Associate Member \$30.00**

One who is a graduate of a Canadian dental therapy program and is not currently employed as a dental therapist or individuals who are not dental therapists, that support and promotes the objectives of the association.

**Payment:**

Please make the cheque or money order payable to the Canadian Dental Therapists Association. Please do not send cash.

Mail to: Canadian Dental Therapists Association  
87 Brookland street Antigonish,  
Nova Scotia B2G 1W1

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