



National Dental Association 2010 MEMBERSHIP & REGISTRATION APPLICATION

Membership period is for the calendar year January 1 through December 31, 2010

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 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 Life Member First time attending CRT

PROFESSIONAL ACTIVITY:

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Other |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Prosthodontics | _____ |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Periodontics | <input type="checkbox"/> Public Health | _____ |

2010 MEMBERSHIP DUES:

- | | |
|--|-------|
| <input type="checkbox"/> Active Member | \$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 |

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

CONVENTION REGISTRATION INCLUDES:

- Admission to All Scientific Sessions
- Access to All Technical Exhibits
- One (1) Ticket to NDA Grand Finale
- One (1) Ticket to President's Gala

REGISTRATION FEES: NO CHECKS ACCEPTED ON-SITE & NO REFUNDS AFTER JUNE 1, 2010

	Pre-Registration thru April 30 th	Registration as of May 1 st
NDA Member	\$ 595	\$ 755
Non-NDA Member	\$1,050	\$1,300

SPECIAL EVENT TICKETS:

President's Gala	____ x \$ 90 _____	____ x \$100 _____
Civil Rights Luncheon	____ x \$ 65 _____	____ x \$ 75 _____
Tropical Buffet Brunch	____ x \$ 35 _____	____ x \$ 45 _____
Scholarship Golf Classic	____ x \$150 _____	____ x \$170 _____
NDA Grand Finale	____ x \$ 55 _____	____ x \$ 60 _____
CPR Certification	____ x \$ 55 _____	____ x \$ 60 _____

Note: Any dentist who has not yet paid 2010 dues must include payment in order to qualify for the NDA member registration fee.

MAKE CHECK or MONEY ORDER PAYABLE TO:

National Dental Association
3517 16th Street, NW
Washington, DC 20010
202.588.1697 / Fax 202.588.1244
Toll Free 877.628.3368

- AMEX VISA MasterCard Discover

Card Number _____ Exp. Date _____

Card Holder Name (print) _____

Amount \$ _____ Signature _____

**GRADUATES & RESIDENTS
DUES & REGISTRATION 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.

- | | |
|---|---------|
| <input type="checkbox"/> 2010 Graduates | no dues |
| <input type="checkbox"/> 2009 Graduates | \$25 |
| <input type="checkbox"/> 2008 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.

- | | |
|--|------|
| <input type="checkbox"/> Current Residents | \$25 |
|--|------|

REGISTRATION FOR GRADUATES*

- | | |
|---|--------------------|
| <input type="checkbox"/> 2010 Graduates | Register with SNDA |
| <input type="checkbox"/> 2009 Graduates | \$275 |
| <input type="checkbox"/> 2008 Graduates | \$375 |

REGISTRATION FOR RESIDENTS*

- | | |
|--|-------|
| <input type="checkbox"/> Current Residents | \$225 |
|--|-------|

*Event tickets not included with registration & 2010 dues must be paid to register.

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

- NDA Endowment Fund \$ _____ CRT/NDA Development Fund \$ _____ NDAF Housing Fund \$ _____ NDAF Scholarship Fund \$ _____

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