

# NDA Corporate Roundtable Membership Application

## MEMBERSHIP LEVELS

Platinum (\$25,000)

Gold (\$15,000)

Silver (\$10,000)

Bronze (\$5,000)

Associate (\$3,000)

Affiliate (\$1,500)

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

CEO \_\_\_\_\_

## HOW TO APPLY

1. Indicate the level of sponsorship desired by checking the appropriate box.
2. Complete this form and return to the National Dental Association, Corporate Roundtable (NDA-CRT)  
3517 16th Street, NW, Washington, DC 20010
3. Make all checks payable to the NATIONAL DENTAL ASSOCIATION.
4. Indicate on check(s) the designated category(ies) with targeted amounts for the disbursement of funds.

## AGREEMENT

We hereby authorize the NATIONAL DENTAL ASSOCIATION to enroll \_\_\_\_\_  
at the membership level indicated and/or reserved for the identified event. As a CRT member, we further agree to attend  
three (3) meetings per year of the CRT.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Thank you for your support.

