

NATIONAL DENTAL ASSOCIATION

LIFE MEMBERSHIP

CRITERIA CHECK LIST

Applicant _____

- | | | | |
|---|------------------------------|-----------------------------|--|
| 1. NDA Member for 25 years.
Member must show proof. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Active Member
Must be in good standing at the time
application for membership is submitted | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Minimum age of 62 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Member in good standing in component/
constituent society (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Completed the Life Membership Application | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Two letters of Recommendation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Submitted Curriculum Vitae or Resume | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Photograph (8"x10" color) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

9. What does the NDA mean to you?

APPROVAL	
Speaker of the House _____	
Signature	Date
Chairman of the Board _____	
Signature	Date

