



National Dental Association

2017 MEMBERSHIP & REGISTRATION APPLICATION

Membership period is for the calendar year January 1 through December 31, 2017

104th NDA CONVENTION
DALLAS, TEXAS
JULY 19-23, 2017
Sheraton Dallas Hotel

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 | _____ |

2017 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 • One (1) Ticket to President's Gala
- Access to All Technical Exhibits

REGISTRATION FEES: NO CHECKS ACCEPTED ON-SITE

	UNTIL DEC 31	JAN-MAR	APR-JUN 30	ONSITE
2017 NDA Member	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 650	<input type="checkbox"/> \$ 800
New Dentist (<5yrs)	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 500
Non-NDA Member	<input type="checkbox"/> \$ 995	<input type="checkbox"/> \$ 1045	<input type="checkbox"/> \$ 1150	<input type="checkbox"/> \$ 1400

SPECIAL EVENT TICKETS:

	UNTIL DEC 31	JAN-MAR	APR-JUN 30	ONSITE
President's Gala	x \$140	x \$140	x \$145	x \$150
Civil Rights Luncheon	x \$ 75	x \$ 75	x \$ 80	x \$ 85
WHS Luncheon	x \$ 75	x \$ 75	x \$ 80	x \$ 85
Golf	x \$150	x \$150	x \$175	x \$200
CPR Certification	x \$ 65	x \$ 65	x \$ 75	x \$ 75

**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"/> 2017 Graduates | no dues |
| <input type="checkbox"/> 2016 Graduates | \$25 |
| <input type="checkbox"/> 2015 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"/> 2017 Graduates | Register with SNDA |
| <input type="checkbox"/> 2016 Graduates | \$275 |
| <input type="checkbox"/> New Dentist (< 5yrs) | See Schedule on Left |

REGISTRATION FOR RESIDENTS*

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

Event tickets are not included with Graduate & Resident registration and all dues must be paid to register.

ALL CONVENTION GUESTS, INCLUDING OFFICE MANAGERS MUST REGISTER WITH ANDA.

Subtotal \$ _____ GRAND TOTAL \$ _____

MONEY ORDER PAYABLE TO:

National Dental Association
6411 Ivy Lane, Suite 703, Greenbelt, MD 20770
Ph. 240.241.4448 • Fax 240.297.9181

AMEX VISA MasterCard Discover

Card Number _____ Exp. Date _____

Card Holder Name (print) _____

Amount \$ _____ Signature _____

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

- NDA Endowment Fund \$ _____ NDA Legacy Fund (donations also available online) \$ _____