



# New Brunswick Dental Assistants Association

P.O. Box 8997 Shediac, NB E4P 8W5  
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## MEMBERSHIP APPLICATION

Name: (First)		Middle name	Last name:	
Address:				
City		Province	Postal Code	
Date of birth (day/month/year)	Home or cell phone	Work phone	Fax:	
Sex: (f) or (m)	Maiden name	E-mail		

Have you ever been a member of the NBDAA in the past?  Yes  No (If no, we need a copy of your credentials)

### OCCUPATION:

- Chairside
- Receptionist
- Educator
- Business Administrator
- Student

### CREDENTIALS

Dental Assisting School		
Year of graduation	NDAEB Certificate: yes or no	If yes, file number
Intra oral upgrade: year	Intra oral school	



Which Local (please circle one): Fredericton Moncton Saint John North Shore Upper St. John River Valley PEI

- STUDENT FEE**  **INACTIVE FEE:** \$45 Provincial (Not eligible for licence) **Total: \$45.00**
- REGULAR FEE:** \$35 National; \$81 Provincial; \$5.00 Local; \$14 Malpractice Insurance **Total : \$135.00**  
**Renewal date: October 1<sup>st</sup>**

Please make **cheque or money order payable to N.B.D.A.A.** and **mail to the above address.**

- I would like to receive the group pension plan package.

**Credit Card Payment**

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ Security code \_\_\_\_\_

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

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

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

My preferred language of documents / *Je préfère mes documents en:*

- English/*Anglais*
- French/*Français*

NBDS