

NEW BRUNSWICK DENTAL ASSISTANTS' ASSOCIATION

TWENTY-FIVE (25) YEAR PIN APPLICATION FORM

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (Cell) _____

Employer: _____

First year you became a NBDAA member: _____ Membership No: _____

Will you be attending the NBDAA Annual General Meeting/Awards presentation: Yes ___ No ___

I hereby certify that I have been a member of the dental assisting profession for at least 25 years and held a minimum of 25 years of active membership with the NBDAA.

Signature: _____ Date: _____

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Applicants must have been members of the dental assisting profession for at least 25 years and held a minimum of 25 years of active membership in the NBDAA.

All applications must provide proof of meeting the stated criteria and be submitted to the NBDAA office (forwarded to Chair of the Awards & Nominations Committee) a minimum of 30 days prior to the annual meeting. All applications will be reviewed for eligibility by the Awards & Nominations Committee. (Late applications will not be considered for current award year)

Please submit this form to: New Brunswick Dental Assistants' Association
P.O. Box 8997, Shediac, NB E4P 8W5
Tel: (506) 532-9189 Toll free: (866)530-9189
Fax: (506) 532-3635 e-mail: bernioff@nb.sympatico.ca