



National Dental Association 2009 MEMBERSHIP & REGISTRATION APPLICATION

Membership period is for the calendar year January 1 through December 31, 2009

PLEASE PRINT OR TYPE

VISIT OUR WEBSITE FOR MORE DETAILS www.ndaonline.org

Check If: New Member Renewal Year Joined _____ DOB ____/____/____ Today's Date _____

Name _____ DDS DMD

Male Female Additional Degree(s)/Certification(s) _____

Preferred Mailing Address _____

City _____ State _____ Zip _____ Home Office New Address

Phone (Work) _____ (Fax) _____ (Home) _____

(Cell) _____ E-mail _____

Dental School _____ Year Degree Conferred _____

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:

- General Practice Pediatric Dentistry Oral Surgery Other _____
 Orthodontics Oral Pathology Prosthodontics _____
 Endodontics Periodontics Public Health _____

2009 MEMBERSHIP DUES:

- Active Member \$395
 Active Military Member (copy of military ID required) \$270
 Affiliate/International Member (Dentist practicing outside U.S. & U.S. Territories) \$270
 Associate Member (Non-Dentist) \$270
 Full Time Faculty Member (copy of faculty ID required) \$270
 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
- Access to All Technical Exhibits
- One (1) Ticket to NDA Grand Finale
- One (1) Ticket to President's Gala

REGISTRATION FEES: NO CHECKS ACCEPTED ON-SITE & NO REFUNDS AFTER JUNE 1, 2009

	Pre-Registration thru May 31st	Late Registration as of June 1st
NDA Member	\$ 595 \$495	\$ 755
Non-NDA Member	\$1,050	\$1,300

SPECIAL EVENT TICKETS:

President's Gala	___x \$ 90 _____	___x \$100 _____
Civil Rights Luncheon	___x \$ 65 _____	___x \$ 75 _____
Women Dentists Luncheon	___x \$ 65 _____	___x \$ 75 _____
Scholarship Golf Classic	___x \$150 _____	___x \$170 _____
NDA Grand Finale	___x \$ 55 _____	___x \$ 60 _____
CPR Certification	___x \$ 55 _____	___x \$ 60 _____
Zimmer Dental - Level I	___x \$150 _____	___x \$175 _____
Limited Attendance Session I	___x \$100 _____	___x \$125 _____
Limited Attendance Session II	___x \$100 _____	___x \$125 _____

Note: Any dentist who has not yet paid 2009 dues must include payment in order to qualify for the NDA member registration fee.

Subtotal \$ _____
GRAND TOTAL \$ _____

PAYMENT PLAN OPTIONS

- 3 month Plan for Dues Only
 3 month Plan for Registration Only
 6 Month Plan for Dues and Registration

Credit Card Payments ONLY...payments will be deducted automatically on the first of each month until paid in full. All payments will be paid in FULL by May 31, 2009.

**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.

- 2009 Graduates no dues
 2008 Graduates \$25
 2007 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.

- Current Residents \$25

REGISTRATION FOR GRADUATES*

- 2009 Graduates Register with SNDA
 2008 Graduates \$275
 2007 Graduates \$375

REGISTRATION FOR RESIDENTS*

- Current Residents \$225

*Event tickets not included with registration & 2009 dues must be paid to register.

MAKE CHECK or MONEY ORDER PAYABLE TO:

National Dental Association
 3517 16th Street, NW
 Washington, DC 20010
 202.588.1697 / Fax 202.588.1244
 Toll Free 877.628.3368

- 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 \$ _____ CRT/NDA Development Fund \$ _____ NDAF Housing Fund \$ _____ NDAF Scholarship Fund \$ _____

*A \$35 SERVICE CHARGE WILL BE ASSESSED FOR ANY RETURNED CHECK.