



National Dental Association 2010 MEMBERSHIP & REGISTRATION APPLICATION

Membership period is for the calendar year January 1 through December 31, 2010

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
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:

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

2010 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, 2010

	Pre-Registration thru April 30 th	Registration as of May 1 st
NDA Member	\$ 595	\$ 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 2010 dues must include payment in order to qualify for the NDA member registration fee.

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

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 April 30, 2010.

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.

- 2010 Graduates no dues
- 2009 Graduates \$25
- 2008 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*

- 2010 Graduates Register with SNDA
- 2009 Graduates \$275
- 2008 Graduates \$375

REGISTRATION FOR RESIDENTS*

- Current Residents \$225

*Event tickets not included with registration & 2010 dues must be paid to register.

Subtotal \$ _____
GRAND TOTAL \$ _____

- 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.