



New Brunswick Dental Assistants Association

P.O. Box 2095 Richibucto, NB E4W 5P2
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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; \$80 Provincial; \$5.00 Local; \$15 Malpractice Insurance **Total : \$135.00**
A level II dental assistant must include proof of 12 continuing education points.

Renewal date: October 1st

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

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