

RENEW

JANUARY 1 TO DECEMBER 31, 2024



CANADIAN
DENTAL
ASSOCIATION

ASSOCIATION
DENTAIRE
CANADIENNE

NAME: _____

CDA NUMBER: _____

CONTACT INFORMATION ON FILE

UPDATE IF REQUIRED:

Address: _____

City: _____

Prov.: _____ PC: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

PERSONAL INFORMATION ON FILE

UPDATE IF REQUIRED:

Gender: Male Female Other: _____

Date of Birth: (DD/MM/YYYY) ____/____/____

License Number: _____

DDS/DMD University: _____

DDS/DMD Grad Yr.: _____

Specialty: _____

Specialty University: _____

Specialty Grad Yr.: _____

Preferred method

of communication: Email Regular mail

Language preference: English French

PAYMENT OPTIONS

2024 MEMBERSHIP: \$547.25 FEE, \$27.36 GST \$54.59 QST, \$629.20 TOTAL

1. Payment by Cheque to: Canadian Dental Association 1815 Alta Vista Drive Ottawa, ON K1G 3Y6

2. Payment by Credit Card: Visa Mastercard American Express

Name on Card: _____

Acct# ____/____/____/____ Exp Date: ____/____

AUTO-RENEWAL OPTION:

Yes I want the convenience of automatic membership renewal. I authorize CDA to renew my membership automatically each December for the following calendar year using the payment information and method I have provided.

WHAT IS YOUR PRIMARY REASON FOR JOINING CDA?

Renew online at: www.cda-adc.ca/renew | Fax 1-877-523-7736 | GST# R106845209 QST# 1213582093

FOR OFFICE USE ONLY

Processed by: _____

Date: _____ FAX: _____ PHONE: _____

Email: _____ Cheque #: _____

