CALIFORNIA DENTAL ASSOCIATION
ALLIED DENTAL HEALTH PROFESSIONAL (ADHP) MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

APPLICATION TYPE

☐ Dental Hygiene ☐ Dental Assisting ☐ Dental Laboratory Technician ☐ Business Administrative Staff

PERSONAL INFORMATION

Gender ☐ Male ☐ Female

FIRST NAME MIDDLE NAME LAST NAME

Have you ever been known by any other name(s)? ☐ Yes ☐ No

If yes, please provide name(s):

SSN DATE OF BIRTH

HOME ADDRESS

STREET

CITY/STATE/ZIP

HOME PHONE E-MAIL

SPOUSE NAME (IF APPLICABLE)

PRIMARY OFFICE ADDRESS

STREET

CITY/STATE/ZIP

OFFICE PHONE FAX E-MAIL

What is your preferred mailing address? ☐ Home ☐ Office

If office is your preferred mailing address, please include the office name or dentists' name

List home phone in directory? ☐ Yes ☐ No

PROFESSIONAL DENTAL EDUCATION

Did you attend a formal program for your professional training? If yes, please complete the information below.

			TO	
SCHOOL	STATE	COUNTRY	DATES	DEGREE/CERTIFICATE EARNED
			TO	
SCHOOL	STATE	COUNTRY	DATES	DEGREE/CERTIFICATE EARNED

CURRENT CA LICENSE # (IF APPLICABLE)

ANNUAL DUES & PAYMENT INFORMATION

ADHP membership with CDA is $125 annually. If you are an active member of a professional dental organization (i.e., CDHA, CDAA, DLOCA, CDLA) you are eligible for a 10% discount on your CDA membership dues. In order to receive the discount, you must provide proof of active membership and the following information:

NAME OF PROFESSIONAL DENTAL ORGANIZATION

MEMBERSHIP NUMBER

Please submit a copy of your membership card with this application

ANNUAL DUES

$125 Dues + $18 fee for the *CDA Journal* (optional) = TOTAL $ _____

ANNUAL DISCOUNT DUES (*with proof of additional professional membership card*):

$112 Dues + $18 fee for the *CDA Journal* (optional) = TOTAL $ _____

Credit Card Type: ☐ Mastercard ☐ Visa ☐ American Express

CREDIT CARD ACCOUNT NUMBER EXP. DATE

SIGNATURE

Or make check payable to **CDA** and mail to:
Attn: CDA Membership Department
1201 K Street, 14th Floor
Sacramento, CA 95814

Or fax to: 916.498.6177

MEMBERSHIP ACKNOWLEDGEMENTS AND AGREEMENTS

I CERTIFY THAT all statements made by me in this application are complete, true and correct. I agree that if any such statements are found to be false, or if there are material omissions made, this application may be rejected solely on those grounds, or in the event such false statement or omission does not become known to CDA until after I have been accepted, that I may be removed immediately from membership on the basis of the false statement of omission alone. For the purposes of this paragraph, I understand that a material misstatement or omission shall mean one which is "not insubstantial" or one which is "significant in relation to the questions asked." Upon becoming a member, I hereby waive the right to CDA, or any member thereof, responsible for any damage in case of disciplinary action involving me, after a hearing in accordance with the CDA Bylaws.

FAX AND E-MAIL CONSENT

I understand that by providing the fax number(s) and email address(es) in this application, I hereby consent to receive faxes and emails sent by or on behalf of CDA, The Dentists Insurance Company, TDIC Insurance Solutions and the CDA Foundation.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE DATE