

**EDMONTON DENTAL ASSISTANTS ASSOCIATION  
APPLICATION FOR MEMBERSHIP**

We are pleased that you have chosen to be a member of the Edmonton Dental Assistants Association this term. By submitting your annual application fee you will be eligible for all the membership benefits and services the association provides. These include but are not limited to: Employment Registry Services, Starting Salary Guidelines, Member Discount Card, Professional Newsletter bi-monthly, Speaker education presentations at General Meetings, member fees at EDAA events, access to Home Study Courses, Group rates for home and auto insurance of up to 45% off regular premiums, eligibility to hold office and vote at our business meetings, as well as many opportunities for social, educational and professional interaction with your colleagues in the Dental professions. November 30<sup>th</sup> marks the end of each membership year and the end of access to membership benefits for those members who do not renew by that date. A renewal notice will be sent to you prior to that date.

Please remit your membership application form, privacy statement / info form and annual fee of **\$37.00**  
(Fee is pro-rated for new members only)

payable to the Edmonton Dental Assistants Association, and mail to:

**EDAA #4 Elbow Drive Devon AB T9G 1M5**

Please be aware that the EDAA policy is that NO REFUND OF DUES OR FEES, either in part or in full, will be made by the EDAA for any reason.

If you have any further questions you can visit our website at [www.edaa.ab.ca](http://www.edaa.ab.ca) or email us at [edaa@interbaun.com](mailto:edaa@interbaun.com) or phone/fax us at 780-987-2022. We look forward to welcoming you as a new member of the Edmonton Dental Assistants Association.

Thank you!

**Edmonton Dental Assistants Association Membership Application 2012**



(Please print carefully)

NAME \_\_\_\_\_

If you have an EDAA Membership # from previous years please provide the number #E \_\_\_\_\_

If you have or had an Alberta License # (RDA#) please provide the number here \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Full Member Fee Enclosed and paid by \_\_\_\_\_ Cheque \_\_\_\_\_ Money Order \_\_\_\_\_ VISA / MC

Credit Card # \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_ and Signature \_\_\_\_\_

**Mail to: EDAA 4 Elbow Drive Devon AB T9G 1M5 (or fax 780-987-2022 Credit Card only)**