



Newfoundland & Labrador Dental Assistants Association

1 Centennial Street, Suite 102
Mount Pearl, NL, A1N 0C9
709-771-0337
nldentalassistants@gmail.com

Membership Application - PLEASE PRINT CLEARLY

New Member _____ Renewal _____ Student _____ Life Member _____

SECTION 1: PERSONAL INFORMATION

Date: _____
Full Name: _____
Date of Birth: _____
Name Change: No ___ Yes ___ Former Name/s: _____
Cell Number: _____ Email Address: _____
Mailing Address: _____
City/Town: _____ Postal Code: _____

SECTION 2: PROFESSIONAL INFORMATION

Office Name and Location: _____
Work Number: _____
Work Email: _____
Provincial License Number (if applicable): _____
NDAEB ID Number (if applicable): _____

SECTION 3: FEES AND PAYMENT

PLEASE READ PAYMENT REQUIREMENTS BELOW

_____ 90.00\$ NLDA & CDA FEES (45.00\$ NLDA & 45.00\$ CDA)
_____ 20.00\$ STUDENT MEMBERSHIP
_____ 20.00\$ LATE FEE (Please enclose if renewing after October 31st)
_____ 0.00\$ LIFETIME MEMBER (CDA Fee Paid by NLDA)
_____ 0.00\$ MATERNITY/SICK LEAVE:
Expected Return to Work Date: _____

Robyn Brown - President | Amanda Hart - Vice President | Brianna Connock - Secretary
Chelsea Pittman - Treasurer/Member at Large | Yolanda Bliss - Treasurer



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Payment/Membership Requirements & Rules:

- Membership renewal fees are due in the month of October, no later than October 31st.. Any membership renewals received after this date will be subject to a late fee of \$20.00
- Do NOT send cash or credit card information. Any cash received WILL BE RETURNED via Canada Post at YOUR OWN RISK!
- The NLDAA will accept EMT and a **CLEAR** scanned copy OR **CLEAR** photo of membership application
- Application and Email Transfer to be sent to nldaaemt@gmail.com
- EMT **NEEDS** to be labeled properly with your name in the notes or on the emt email, we cannot spend days figuring out who sent what
- No refunds on any membership payments. No exceptions. **Properly label your emt notes with your name!**
- You should expect to see your membership card and receipt in your email in 7-10 business days
- Please make any BANK DRAFTS or CHEQUES payable to address above
- Receipts will be emailed separately from the membership card

I consent that I have read and I understand the statements above:

Signature: _____

Date: _____

Revised: Sept 2023

Robyn Brown - President | Amanda Hart - Vice President | Brianna Connock - Secretary
Chelsea Pittman - Treasurer/Member at Large | Yolanda Bliss - Treasurer