



Sharing our pride. Shaping our future.

Ontario Dental Assistants Association
869 Dundas Street
London, Ontario N5W 2Z8
Telephone: 519-679-2566 Fax: 519-679-8494
Website: www.odaa.org

2010 MEMBERSHIP AND CERTIFICATION RENEWAL FORM

Name (First): _____ (Last): _____ Member ID#: _____

Apt/Box#: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Section 1 - PERSONAL INFORMATION

The following information is required. This will ensure that the ODAA records are accurate. Confirmation of your processed renewal will be sent by email and your new membership card and receipt will be mailed.

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Date of Birth: Month: _____ Day: _____ Year: _____ GENDER (Circle): M or F

Section 2 – CERTIFICATION

- 15 credits are required for renewal of certification
- Attach photocopies of your continuing education credits not yet recorded at the ODAA. You can check your credits recorded online: www.odaa.org
- Credits are earned by participating in dental, medical or administrative courses that enhance your career
- Please contact the ODAA office if you have any questions

Section 3 - MEMBERSHIP FEE

\$150.00 – (\$125 + \$25 Late fee, includes GST)

Certification renewals received after February 1, 2010 are subject to ODAA reinstatement policies and fees

Payment Type:

- Cheque/Money Order
- VISA
- MasterCard

Credit Card#: _____

Expiry Date: _____ / _____

Signature of card holder: _____

NSF Cheques are subject to a \$20 charge and a money order will be requested.

OFFICE USE ONLY #CE Rec'd _____ #CE O/S: _____ Date Rec'd: _____