



# NATIONAL DENTAL ASSOCIATION

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107th NDA Annual Convention  
 July 2020  
 Visit [www.ndaonline.org](http://www.ndaonline.org) for more information

## MEMBERSHIP INVOICE



Find us on  
**facebook**

January 1  
 December 31 **2020**

### PRINT CONTACT INFORMATION:



#### Update Information:

(Please correct personal information in space provided)

New Member **Referred by an NDA Member? Please Share their name:**  
 Renewal  
 Other Contribution

Preferred Mailing Address \_\_\_\_\_

Office Ph. \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Home Ph. \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 NDA Local Society \_\_\_\_\_  
 NDA State Society \_\_\_\_\_  
 Dental School \_\_\_\_\_  
 Degree \_\_\_\_\_  
 Grad year \_\_\_\_\_  
 Additional Degrees \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender:  M  F

DESCRIPTION	PRICE	SUBTOTAL
<b>2020 MEMBERSHIP DUES:</b>		
<input type="checkbox"/> Active Member	\$395	
<input type="checkbox"/> Active Military Member <i>(copy Military ID required)</i>	\$270	
<input type="checkbox"/> Affiliate/International Member <i>(Dentist practicing outside US &amp; US Territories)</i>	\$270	
<input type="checkbox"/> Associate Member <i>(Non-Dentist)</i>	\$270	
<input type="checkbox"/> Full-Time Faculty Member <i>(copy of Faculty ID required)</i>	\$270	
<input type="checkbox"/> Retired Member <i>(approval and verification required)</i>	\$100	
<i>(Please be sure to pay your local and state society dues to complete the NDA membership process)</i>		
<b>Chapter Membership Dues</b>		
<input type="checkbox"/> State Chapter Membership Dues (print name of chapter):	\$ <u>Enter Amount</u>	
<input type="checkbox"/> Local Chapter Membership Dues (print name of chapter):	\$ <u>Enter Amount</u>	
<b>DUES FOR GRADUATES* AND RESIDENTS**:</b>		
<input type="checkbox"/> 2020 Graduates	No Dues	\$ _____
<input type="checkbox"/> 2019 Graduates	\$ 50	
<input type="checkbox"/> 2018 Graduates	\$200	
<input type="checkbox"/> Current Residents	\$ 50	\$ _____
<b>NDA Legacy Fund:</b>		
<input type="checkbox"/> Leader Contribution*	\$500	
<input type="checkbox"/> Member Contribution	\$150	
<input type="checkbox"/> Other Contribution	\$ _____	
<small>The National Dental Association Legacy Fund was established in 2016. This fund ensures that the NDA and its signature programs NDA-HEALTH NOW, the Eddie G. Smith Leadership Training Institute, and the NDA New Dentist Program continue to remain vibrant and effective in our community. Your contribution to this special fund will help our organization improve access to those we serve and reduce oral health disparities in our community. This fund will encourage and strengthen the support of our future doctors. Will you consider a tax-deductible gift today? Please Give Today to Secure Tomorrow! Legacy Fund contributions are tax deductible - NDA is a 501(c)3 organization</small>		
*Trustees, Delegates & Past Presidents		
		\$ _____
<b>TOTAL</b>		

### PAYMENT INFORMATION

Check or Money Order  Credit Card

#### Credit Card Payment Plan\*\*\* (For dues of \$270 and above)

2 Months

#### Card Holder's Name

AmEx **Credit Number** \_\_\_\_\_  
 Discover  
 MasterCard **Expiration Date**     **CVV**    **Billing Zip-Code** \_\_\_\_\_  
 VISA

#### Card Holder's Signature & Date

\*Copy of DDS or DMD diploma or letter from school confirming your degree date is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and Master Degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation is received. \*\*Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues are for dentists participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received. \*\*\*Billed monthly on the 15th.