

**MEMBERSHIP RENEWAL INFORMATION SHEET  
NSDAA & CDAA FOR 2009**

NOVA SCOTIA DENTAL ASSISTANTS ASSOCIATION  
P.O. Box 9142, Station "A", Halifax, NS, B3K 5M8  
Phone (902) 826-1922 Fax (902) 820-3015  
E-mail [nsdaa@eastlink.ca](mailto:nsdaa@eastlink.ca)

Membership fees for NSDAA and CDAA combined are \$75.00. This is to be paid to the NSDAA office by November 30<sup>th</sup>, 2008.

**Do not set this form aside for later.** November 30th is not that far away and procrastinating could cost you an extra \$25.00! **Remember, we accept cheques post-dated for November 30<sup>th</sup>.**

**DUES MUST BE RECEIVED IN OUR OFFICE BY NOVEMBER 30, 2008. IF DUES HAVE NOT BEEN RECEIVED IN OFFICE BY NOVEMBER 30TH, 2008, YOU WILL BE SUBJECT TO A LATE PAYMENT FEE OF HALF THE NSDAA ANNUAL MEMBERSHIP DUES (\$25.00). YOUR NAME WILL NOT APPEAR ON THE MEMBERSHIP LIST SENT TO THE PROVINCIAL DENTAL BOARD UNTIL BOTH LATE FEE AND MEMBERSHIP DUES ARE PAID.**

**\*\*MEMBERSHIP DUES ARE NON-REFUNDABLE\*\***

**ANNUAL MEMBERSHIP FEE:** \$75.00 Payable by cheque or money order to the NSDAA at the above address (\$50.00 NSDAA dues plus \$25.00 CDAA dues). **Credit cards are NOT accepted.** The NSDAA office will transfer funds for your CDAA membership to CDAA. To be a member of the NSDAA, membership to the CDAA is mandatory.

PLEASE FILL IN THE ENCLOSED RETURN FORM WITH AS MUCH INFORMATION AS POSSIBLE. THE ACCURACY OF OUR RECORDS DEPENDS ON THE INFORMATION YOU PROVIDE. **IT IS YOUR RESPONSIBILITY TO KEEP THE OFFICE AWARE OF ANY ADDRESS OR NAME CHANGE.**

The NSDAA office also maintains a job registry. Dentists' call the office on a regular basis looking for DA's for full-time, part-time and fill-in positions. This registry depends on you notifying the office on a monthly basis if you are seeking employment. If you seek employment and your name is on our list, please notify our office. It does not look very professional if we are passing along names to potential employers of individuals who are already employed!

The NSDAA office however is not able to handle short notice/same day replacements. Please contact your affiliate president or NSDA so they can compile lists in your area for short notice fill-ins.

If you have any questions, please do not hesitate to contact the office. If I am not available, please leave a message and I will return your call.

**\*\*THERE WILL BE NO SECOND NOTICE ISSUED\*\***

**\*\*Cheques may take up to one month to be processed\*\***

**\*Receipts & Calendars will be mailed the end of December\***

**MEMBERSHIP RENEWAL RETURN FORM**

**NSDAA & CDAA FOR 2009**

P.O. Box 9142, Station "A"  
Halifax, NS B3K 5M8  
Phone (902) 826-1922 Fax (902) 820-3015

**DEADLINE IN OFFICE - NOVEMBER 30<sup>TH</sup>, 2008**

**INVOICE AMOUNT: \$75.00**

NAME: Ms./Mrs./Miss/Mr.

\_\_\_\_\_  
First Middle Initial Surname

ADDRESS: \_\_\_\_\_  
Apt. # Street# Street Name

\_\_\_\_\_  
City/Town Province Postal code

BIRTHDATE: \_\_\_\_\_ LANGUAGES SPOKEN \_\_\_\_\_ AFFILIATE YOU ATTEND: \_\_\_\_\_  
Day/Month/Yr

Year of Graduation from DA Program: \_\_\_\_\_ School: \_\_\_\_\_

PHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you prefer to receive correspondence by e-mail Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*\*\* Has there been a name/address change: Yes \_\_\_\_\_ No \_\_\_\_\_**

IF Yes, What is the change? \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seeking

Are you interested in on-call employment in your area on days you are not presently working: Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes**, what days are you available: \_\_\_\_\_

PLACE OF EMPLOYMENT/EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt. # City/Town Province Postal Code

PLEASE NOTE: ANNUAL MEMBERSHIP TO THE NSDAA IS A MANDATORY REQUIREMENT TO MAINTAIN YOUR STATUS AS A LICENSED DENTAL ASSISTANT.

**\*\*Cheques may take up to one month to be processed\*\***  
**\*Receipts & Calendars will be mailed early December\***