

**MEMBERSHIP RENEWAL INFORMATION SHEET  
NSDAA & CDAA FOR 2012**

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.

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

DUES MUST BE RECEIVED BY MAIL ON OR BEFORE NOVEMBER 30TH, 2011. PLEASE NOTE OUR MAILING ADDRESS IS A POST OFFICE BOX. ANY PAYMENTS RECEIVED AFTER NOVEMBER 30<sup>TH</sup> WILL BE SUBJECT TO A LATE PAYMENT FEE OF \$25.00. IF YOU DO NOT PAY YOUR MEMBERSHIP FEE YOUR NAME WILL NOT APPEAR ON THE MEMBERSHIP LIST SENT TO THE PROVINCIAL DENTAL BOARD. MEMBERSHIP TO NSDAA IS MANDATORY FOR LICENSURE. ANY CHEQUES RETURNED NSF WILL BE SUBJECT TO AN ADDITIONAL BANK FEE.

**\*\*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 ATTACHED MEMBERSHIP FORM WITH ACCURATE INFORMATION. THE ACCURACY OF OUR RECORDS DEPENDS ON THE INFORMATION YOU PROVIDE. **IT IS YOUR RESPONSIBILITY TO UPDATE THE OFFICE OF ANY ADDRESS OR NAME CHANGE.**

The NSDAA office maintains a job registry. If you are seeking full-time or part-time employment we can keep your name of file. This information will then be passed on to dentists who are seeking dental assistants. Our website has job postings from dental offices across Canada.

The NSDAA office is not able to handle short notice/same day replacements.

If you have any questions, please do not hesitate to contact the office. If we are not available, please leave a message and your call will be returned.

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

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

**\*Receipts will be mailed in December\***

**MEMBERSHIP RENEWAL RETURN FORM**

**NSDAA & CDAA FOR 2012**

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>, 2011**

**INVOICE AMOUNT: \$75.00**

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

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

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

\_\_\_\_\_  
City/Town Province Postal Code

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

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

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

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

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

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

Dental Assisting School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

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

Are you interested in on-call employment on days you are not presently working:  
Yes \_\_\_\_\_ No \_\_\_\_\_ Days 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 will be mailed in December\***