

**NEW MEMBERSHIP INFORMATION SHEET
NSDAA & CDAA FOR 2010**

**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@ns.eastlink.ca**

Membership fees for NSDAA and CDAA combined are \$75.00. This is to be paid to the NSDAA office.

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

MEMBERSHIP FEE: \$75.00 Payable by cheque or money order (credit cards not accepted) to the NSDAA at above address. \$50.00 NSDAA dues plus \$25.00 CDAA dues. The NSDAA office will transfer money to CDAA. To be a member of the NSDAA, membership to the CDAA is mandatory. If you are transferring from another province and have already paid your CDAA fee it does not have to be paid twice in the same year. You would only be responsible for the \$50.00 NSDAA Membership Fee.

PLEASE FILL IN THE MEMBERSHIP RENEWAL 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.

PLEASE NOTE:

MEMBERSHIP TO THE NSDAA IS A MANDATORY REQUIREMENT TO OBTAIN YOUR LICENSE AS A LICENSED DENTAL ASSISTANT IN THE PROVINCE OF NOVA SCOTIA. IF YOU ARE NEW TO NOVA SCOTIA OR ARE LICENSING FOR THE FIRST TIME, YOU WILL NEED TO CONTACT THE PROVINCIAL DENTAL BOARD OF NOVA SCOTIA REGARDING OBTAINING YOUR LICENSE TO PRACTICE. THEIR CONTACT NUMBER IS (902) 420-0083.

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!

There is a spot on the Membership Renewal Return Form to indicate your employment status. Again, the accuracy with which you fill out the form can benefit both you and the dentists.

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.

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INVOICE AMOUNT: \$75.00

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

First Middle Initial Surname

ADDRESS:

Apt.# Street# Street Name

City/Town Province Postal code

BIRTHDATE: _____ COUNTY: _____ AFFILIATE YOU ATTEND:
Day / Month / Year

PHONE: _____ HOME FAX: _____ E-mail: _____

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

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