



APPLICATION FOR MEMBERSHIP: DENTAL TECHNICIANS

Name: (please print) _____

Address: _____

Phone Number(s): _____

Email Address: _____

I, _____
(please sign)

hereby apply to the Council of the Nova Scotia Dental Technician's Association
for membership as a Dental Technician for the year 20____.

I am employed under the Registered Dental Technician/Dentist:

(name of RDT or dentist)

at _____
(name of dental laboratory or dental clinic)

I have enclosed the membership fee of \$100.00 on _____
(date)

***Payment due no later than April 30th of the application year.**
***Please make cheques payable to "The Nova Scotia Dental Technician's Association" and forward along with this application to:**

**The NSDTA
26 Keating Dr.
West Chezzetcook, NS
B0J 1N0**

yes/ *Please forward my contact information to Spectrum*
no *Dialogue for a complimentary subscription.*

For information or questions email: emily.preeper@gmail.com