



**APPLICATION FOR MEMBERSHIP:  
REGISTERED 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 Registered Dental Technician for the year 20\_\_\_\_\_.

I am the owner & operator / employed by:  
(circle one)

\_\_\_\_\_  
(name of dental laboratory or dental clinic)

I have enclosed the membership fee of \$300.00 on \_\_\_\_\_  
(date)

**\*Payment due no later than April 30<sup>th</sup> 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](mailto:emily.preeper@gmail.com)