



# STUDENT MEMBERSHIP APPLICATION

PLEASE FILL-IN OR PRINT CLEARLY.  
SEE BELOW FOR INSTRUCTIONS ON WHERE TO SUBMIT.

## CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email\*: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*CONSENT TO RELEASE MAILING INFORMATION	
From time to time, the CDABC releases mailing information to <b>legitimate</b> third parties who provide information of benefit to members including, but not limited to, the Pacific Dental Conference, local societies, UBC, etc.	I would like to receive email from legitimate third parties. <input type="checkbox"/>

## PROGRAM

College \_\_\_\_\_ Campus \_\_\_\_\_ Distance Delivery

Program Start Date \_\_\_\_\_ Program Finish Date \_\_\_\_\_  
*(month/year)* *(month/year)*

Please answer the following:	Yes	No
<b>Do you</b> consent to your program knowing of your CDABC membership status (for purpose of CDABC awards)?		
<b>Are you</b> currently a CDABC member, or have you been a CDABC member before?		

## PAYMENT

PAYMENT TYPE	Membership runs for one year from the date of payment. Liability Insurance runs from February 1 <sup>st</sup> to January 31 <sup>st</sup> . Read more about Liability Insurance on the CDABC website ( <a href="http://www.cdabc.org">http://www.cdabc.org</a> )	
<input type="checkbox"/> Credit Card	Card #:	
<input type="checkbox"/> Cheque <small>(payable to CDABC)</small>	Cardholder Name:	3-digit code on back of card: _____
	Signature:	Expiry: mm/yy ____ / ____
<b>SELECT PAYMENT:</b>	<b>Membership Only:</b> <input type="checkbox"/> <b>\$30.00</b> (\$28.57 +GST) <b>Membership PLUS Liability Insurance:</b> <input type="checkbox"/> <b>\$57.30</b> \$30.00 (\$28.57 +GST) + \$27.30 (\$26 +GST)	

Please scan and email your completed form to [info@cdabc.org](mailto:info@cdabc.org) or mail to CDABC, 102-211 Columbia Street, Vancouver, BC V6A 2R5.

Please review your form to ensure you fully completed it. Incomplete forms cannot be processed.

If you do not receive a welcome email and receipt from CDABC within two weeks please email your full name, school name, email address, and payment method to [info@cdabc.org](mailto:info@cdabc.org). Thank you.