



CHINESE CANADIAN DENTAL SOCIETY OF B.C.

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MEMBERSHIP (2017 - 2018)

Application Renewal

Name:	
Office Address:	
Office Telephone:	Office Fax:
E-mail Address:	
I am a <input type="radio"/> Dentist <input type="radio"/> Hygienist <input type="radio"/> CDA	College #
Language(s) spoken at your office:	Office Hours:

I would like to receive the free Patient Referral Service as a member benefit.

Yes No **Specialty:** _____

What subjects would you like to hear at future Continuing Education Nights?

1. _____ 2. _____

Annual Membership Fee \$200* (Admission to 4 Continuing Education Seminars (worth 3 CE credit hours each) that include free buffet dinners)

- **4th Year UBC Dental Student: Free Membership**
- ***All New Dental Graduates for the year who register for membership will get one year of membership at half price (\$100)**
- ***UBC Post Graduate Dental Student: Membership at half price (\$100)**

I am a 4th Year UBC Dental Student Current New Dental Graduate Post Graduate Student

Payment Options:

Cheque

Please mail this form and a cheque payable to **CCDSBC** to
P.O. Box 4437, Vancouver, BC, V6B 3Z8

VISA

MASTER CARD

Card No. _____ Expiry _____

Cardholder name _____

Please print card information clearly on this form (or attach a photocopy of your VISA/MC card with clear visible information) and fax to **604-728-8805**