CHINESE CANADIAN DENTAL SOCIETY OF B.C.

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MEMBERSHIP (2026 - 2027)

☐ Application ☐ Renewal

Name:	
Office Address:	
Office Telephone:	Office Fax:
E-mail Address:	
I am a ○ Dentist ○ Hygienist ○ 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 $388* *(Admission to 4 Continuing Education Seminars 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 $194**
- ***UBC Post Graduate Dental Student: Membership at half price $194**

***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*** **(CVC # is required for MC holders)** _____*

Card No._____ Expiry _____

Cardholder name _____

Please print card information clearly on this form and email it to: ccdsbc.ca@gmail.com