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Section Two: Member Profile (Retired Applicants – skip this section and go to Section #3, page 3)

Licenses/Certifications – check all that apply - insert dental board license number or DANB certification numbers (verifiable)

✓	Type	CA License #	✓	Type	CA License #	✓	Type	DANB Cert #
<input type="checkbox"/>	RDA		<input type="checkbox"/>	RDHAP		<input type="checkbox"/>	CDPMA	
<input type="checkbox"/>	RDAEF		<input type="checkbox"/>	DDS		<input type="checkbox"/>	COMSA	
<input type="checkbox"/>	RDH		<input type="checkbox"/>	OAP		<input type="checkbox"/>	CDA	
<input type="checkbox"/>	RDHEF		<input type="checkbox"/>	DSAP		<input type="checkbox"/>	OTHER:	

Degrees/Academic Designations/Professional Recognitions – circle all that apply:

AA	AS	BA	BS	BVE	MA/MBA	MS	DMD	EdD	PhD	FADAA	MADAA
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➤ Provide the name of the person serving as the current Program Director of the RDA or DA Program where you teach or serve as a divisional dean, administrator or manager. If a CE business owner, list yourself as the Course Director. A valid Program Director or Course Director is the person currently reported as such with the Dental Board of California.

* Director Name: _____

Applicant Primary Work Location: Institution or Business Name – No Abbreviations Please

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Primary Work Mailing Address:

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Bldg/Suite:

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City:

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State:

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Zip:

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Primary Work Phone (include area code):

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Work Fax Number (include area code):

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Primary E-mail Address: *(Email address required for electronic information and CADAT website access – this address may be personal or business email but shall be used as the primary log-in address for all website and electronic data provided to members)*

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Secondary E-mail Address: *(Recommended for those using school or business email address as primary)*

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Current Membership Status: (check one of the following choices)

<input type="checkbox"/>	I am currently a member (2016): Provide current membership number:
<input type="checkbox"/>	I am not nor have I ever been a member of CADAT
<input type="checkbox"/>	I am not a current (2016) member but have been a member in the past What year were you a member?

In order to serve the needs of our members most effectively, please indicate if you have any opt-out preferences:

<input type="checkbox"/>	<i>I prefer not to receive electronic communications via email and choose to opt-out of this member benefit.</i>
<input type="checkbox"/>	<i>I prefer not to receive the CADAT Connection magazine and choose to opt-out of this member benefit.</i>

Section Three: Membership Terms and Agreement

Applicants: Review the following policy statements and check each box acknowledging your acceptance and understanding of each. Please do not complete this section without having reviewed all pertinent information.

<input type="checkbox"/>	<i>I have read through, understand and accept the terms and conditions of membership including the definitions used for identifying my membership category and annual dues for the member category I have selected.</i>
<input type="checkbox"/>	<i>I understand and accept that CADAT reserves the right to reject membership applications or renewals at any time and are under no obligation to renew a membership.</i>
<input type="checkbox"/>	<i>I have read and accept the CADAT Code of Conduct and agree to abide by such code as a member of the allied health teaching profession and the Association.</i>
<input type="checkbox"/>	<i>I am aware that the CADAT Bylaws are available on the website and will access them to review the policies and principles of the Association. Upon review, I agree to uphold and hold true the Bylaws of the Association by deeds and actions causing no harm to the Association or its membership.</i>
<input type="checkbox"/>	<i>I understand that dues are non-refundable and non-transferrable, that my membership is mine, and that no other person or persons may use my member benefits without the express written consent of the Association.</i>
<input type="checkbox"/>	<i>I understand that the processing of credit/debit card information provided on this application is my responsibility or that of the person authorizing the use of such data in the payment of these dues. The authorizing signatory is approving such charge and any dispute of a charge to the account shall be reported and resolved by contacting the Association prior to any dispute filing with the card company. Should a charge be disputed or voided without contacting the organization to resolve the matter, a service fee of \$35 shall be charged to the member for fees incurred by the Association.</i>
<input type="checkbox"/>	<i>I understand that all membership data of the Association is private information. I understand that should I come to obtain membership data that it may not be used, distributed, published, reported or sold to anyone, any business or other entity, or used by me for any purpose including the purposes of sales, marketing, advertising or promotion of any kind. I agree to abide by such privacy policies and understand that the Association will protect the privacy of all members to the fullest extent of the law.</i>

Notice to Membership Applicants: Be advised that the association volunteers do not always process membership applications immediately upon receipt. Verification letters, receipts, and membership packets are not issued until payment processing is completed which **may be up to four weeks after application forms are received.** While we strive to process documentation in a timely manner, the organizations limited workforce may not always be able to provide membership verification letters or charge receipts within 30 days. **Institutions requiring such documentation are encouraged to accept credit card statements or cancelled checks as verification of the date of payment processing.**

A membership application fee will not be processed prior to verification of membership eligibility. Should payment processing occur, and an applicant is determined to not qualify as a member, a refund will be issued and member enrollment processing stopped.

Acceptable payment methods:

- Credit/debit cards; requires 3-digit security code from back of card (Am Express: 4-digit code on front of card).
- **No personal checks** will be accepted; cashier's checks and money orders accepted.
- Institutional or business checks accepted.
- Purchase orders cannot be accepted for membership fees.

Section Four: Membership Category and Dues Payment

Review 2017 membership categories listed on page 1 to insure you are selecting the correct member level						
Select	Category			Effective until 1/31/2017	Effective after 1/31/2017	
<input type="checkbox"/>	2017 Regular Member			Annual Dues \$80	Annual Dues \$120	
<input type="checkbox"/>	2017 Out-of-State Member			Annual Dues \$80	Annual Dues \$120	
<input type="checkbox"/>	2017 Associate Member			Annual Dues \$80	Annual Dues \$120	
<input type="checkbox"/>	2017 Supporting Member			Annual Dues \$80	Annual Dues \$120	
<input type="checkbox"/>	2017 Retired Member			Annual Dues \$40		
Payment Method				Credit/Debit Card Number		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Check	VISA	MC	Discover	Amex		
Exp. Date:		Sec. Code:	Name on Card:			
	/					
Billing Zip Code:		Charge Amount:	Authorized Signature:			
		\$				

Applicant Approval: *I have completed this application in good faith and I understand that I am responsible for my membership including maintaining its good standing with timely membership dues payment and renewal. I understand that, in accordance with the Bylaws, I have a 30-day grace period following the date of my membership expiration to bring my delinquent membership current, after which I shall no longer be considered a member and all membership benefits shall expire.*

By signature, I am accepting all the stated terms and conditions of membership in the California Association of Dental Assisting Teachers.

Applicant Signature

Date

Mail or email membership application to:

The California Association of Dental Assisting Teachers
710 S. Myrtle Ave. #166
Monrovia, California 91016
eMail: info@cadat.org

For Office Use Only:

Member Level	Amt./Method	Mem Number	New Exp Date	D-Base	Cons Cont	Label
Web Acct Set/Reset <input type="checkbox"/>		Notifications: <input type="checkbox"/> Card <input type="checkbox"/> Letter(s) <input type="checkbox"/> eMail				