



## 2018 CADAT Membership Application Packet

### New Member and Renewing Member

*This application reflects CADAT membership from 01-01-18 through 12-31-18. Please complete all fields with information and print clearly. After reviewing the membership category descriptions below, please check one of the following categories for which you are applying or renewing.*

<input type="checkbox"/>	<p><b>Regular Member (R):</b> A Regular member is a current faculty member or instructor in a dental assisting or Registered Dental Assisting program in California <u>recognized by the Dental Board or Department of Education</u> <b>or</b> a Registered Dental Hygiene Program recognized by the Dental Hygiene Committee of California. All Regular members must possess a current, valid California license in the dental profession.  <b>Annual Fee: \$80 If paid by 1/31/18 - \$120 if paid after 2/1/18.</b></p>
<input type="checkbox"/>	<p><b>Out-of-State Member (OOS):</b> An Out-of-State member is a current or past instructor or administrator in dental assisting education. All OOS members must, at minimum, possess a current, valid license, permit or nationally recognized certification within the dental profession.  <b>Annual Fee: \$80 If paid by 1/31/18 - \$120 if paid after 2/1/18.</b></p>
<input type="checkbox"/>	<p><b>Associate Member (A):</b> An Associate member is a current administrator (non-teaching position), clinical supervisor, coordinator, supervising dentist or hygienist employed by an institution <u>recognized by the Department of Education</u> where dental assisting education is provided and who may not be considered teaching faculty; <b>or</b> an owner or employee of a school or business engaged in dental assisting education, outsource education services or continuing education which may or may not be recognized by the Dental Board.  <b>Annual Fee: \$80 If paid by 1/31/18 - \$120 if paid after 2/1/18.</b></p>
<input type="checkbox"/>	<p><b>Supporting Member (SM):</b> A Supporting Member is an individual who has worked but is no longer working as a faculty member of a dental assisting program but who is still involved in the profession and supports the principals of the Association; <b>or</b> who may be a corporate entity, employee or representative of a business whose work supports the education of allied dental health but who is not employed by a teaching institution.  <b>Annual Fee: \$80 If paid by 1/31/18 - \$120 if paid after 2/1/18.</b></p>
<input type="checkbox"/>	<p><b>Retired Member (RM):</b> Retired members are limited to those individuals who have retired from teaching in the profession, are a minimum of 60 years of age, and who have been a member of the Association for no less than 10 (ten) consecutive years immediately prior to applying for RM status.  <b>Annual Fee: \$42.50</b></p>

#### Section One: Member Database Information

Print Last Name:	Print First Name:	
Residence Mailing Address:	Apt/Bldg #:	
City:	State:	Zip:

*(Continued on next page)*



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

<b>Review 2018 membership categories listed on page 1 to insure you are selecting the correct member level</b>						
<b>Select</b>	<b>Category</b>				<b>Effective until 1/31/2018</b>	<b>Effective after 1/31/2018</b>
<input type="checkbox"/>	2018 Regular Member				Annual Dues \$80	Annual Dues \$120
<input type="checkbox"/>	2018 Out-of-State Member				Annual Dues \$80	Annual Dues \$120
<input type="checkbox"/>	2018 Associate Member				Annual Dues \$80	Annual Dues \$120
<input type="checkbox"/>	2018 Supporting Member				Annual Dues \$80	Annual Dues \$120
<input type="checkbox"/>	2018 Retired Member				Annual Dues \$40	
<b>Payment Method</b>					<b>Credit/Debit Card Number</b>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Check	VISA	MC	Discover	Amex		
<b>Exp. Date:</b>		<b>Sec. Code:</b>		<b>Name on Card:</b>		
	/					
<b>Billing Zip Code:</b>		<b>Charge Amount:</b>		<b>Authorized Signature:</b>		
		\$				

**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				