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\*\* Membership year is July 1<sup>st</sup> – June 30th

<b>Surname</b>	<b>Given Name</b>	<b>Initial</b>
<b>Practice Address:</b>	<b>Work Tel:</b>	
	<b>Work Fax:</b>	
	<b>Work Email:</b>	
(City) (Province) (Postal Code)		
<b>Home Address:</b>	<b>Home Tel:</b>	
	<b>Home Email:</b>	
(City) (Province) (Postal Code)	Are you interested in volunteering on a committee either now or in the future? <b>Y N</b>	
<b>Languages other than English:</b>	Would you like a Zoom welcome meeting with the NSDA?	
<i>If you are a primary health care provider and you would like to add your name to the french directory or update your contact details, please get in touch with Reseau Sante at 902-222-5871 or by email.</i>	If you are a new grad are you practicing before June?	
<b>Date of Birth:</b> ____ / ____ / ____ (Month) (Day) (Year)	Have you had or currently have a membership with the NSDA?	
<b>Graduate of (Institution DDS/DMD):</b>	<b>Year of Graduation:</b>	
<b>Speciality if Applicable and Institution:</b>	<b>Year of Graduation:</b>	

NSDA Membership Type: **General or Specialty Dentistry**

**Post-graduate dental student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

Date Received _____	Unique Number _____	Amount Paid _____
Date Membership Activated _____	Electoral District _____	Regional Society _____
Membership Category	<input type="checkbox"/> Active	<input type="checkbox"/> Student
	<input type="checkbox"/> Associate	<input type="checkbox"/> Affiliate
CDA Notified _____	ACT! _____	Website Login _____
		PDB _____

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