



T 902.420.0088 E nsda@bellaliant.com
F 902.423.6537 W www.nsdental.org

Suite 101, Waterfront Drive, Bedford, Nova Scotia B4A 0H3

** Membership year is July 1st – June 30th

Surname	Given Name	Initial
Practice Name:	Work Tel:	
Address:	Work Fax:	
	Work Email:	
(City)	(Province)	(Postal Code)
Home Address:	Home Tel:	
	Home Email:	
(City)	(Province)	(Postal Code)
Languages other than English:	Are you interested in volunteering on a committee either now or in the future? Y N	
	Would you like a Zoom welcome meeting with the NSDA?	
	If you are a new grad are you practicing before June?	
	Have you had or currently have a membership with the NSDA?	
Date of Birth: _____		
Graduate of (Institution DDS/DMD):	Year of Graduation:	
Speciality if Applicable and Institution:	Year of Graduation:	

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

Post-graduate dental student

_____ **Date**

(Only works in Adobe Reader)

_____ **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 _____	DNA _____	Website Login _____
		PDB _____

For Office Use Only