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**** 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:	
	Have a question?	
(City) (Province) (Postal Code)		
Languages other than English:		
<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.</i>	Y N	
Date of Birth: _____	If you are a new grad are you practicing before June?	
	Have you had or currently have a membership with the NSDA?	
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 _____

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