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MEMBERSHIP APPLICATION 2020

If you wish to join or renew your membership in the NWT-NU Dental Association, please fill out this form and fax or mail it back to the Association. Once you return your completed form, you will be emailed an invoice via Quickbooks. Payment, by credit card or cheque, in the full amount is due before your membership renewal is considered complete. Your membership includes one copy of either the NWT or NU Fee Guide. Additional copies can be purchased as per the prices below. New fee guide rates take effect on January 1, 2020.

NOTE: As a result of the new membership model introduced in 2011, the NWT-NU Dental Association is now a Corporate Member of the Canadian Dental Association (CDA). Consequently, CDA member services are only available to you through your NWT-NU Dental Association membership.

First name: _____ Middle initial and last name: _____

DOB (DDMMYY): _____ NWT/NU license #: _____

University and year of graduation (new members only): _____

Email address: (mandatory) _____

Clinic name and address: _____

Contact Phone #: _____ Contact Fax #: _____

Fee guide (tick one): ☐ NWT ☐ Nunavut Fee guide Format: ☐ Electronic (Excel)
☐ Electronic (PDF)
☐ Print

If you need additional Fee Guides, they are available to members for \$200 each, please indicate below:

Additional Fee guides: ☐ **NWT** Electronic (Excel): _____ Electronic (PDF): _____ Print: _____ = \$ _____
☐ **NU** Electronic (Excel): _____ Electronic (PDF): _____ Print: _____ = \$ _____

Membership type: ☐ **Full-time NWT-NU Association membership** (\$1200 per annum)
☐ **Part-time NWT-NU Association membership** (\$810 per annum)

All dentists wishing to practice in the NWT or Nunavut must also register with their respective GNWT or GNU Professional Licensing Board. Please visit our website if you require further information concerning this licensing process.

Upon processing of your payment, we will activate your membership and forward your copy of the 2020 NWT or Nunavut Fee Guide. Electronic formats will be emailed to the address completed above.

If you have any questions regarding this form, please email jzdebiak@nwtnudentalassociation.ca.