



CHINESE CANADIAN DENTAL SOCIETY OF B.C.

Main P.O. Box 4437, Vancouver, BC V6B 3Z8
Tel: (604) 618-8856

www.ccdsbc.ca
E-mail: ccdsbc.ca@gmail.com

MEMBERSHIP (2024 - 2025)

Application Renewal

Name:	
Office Address:	
Office Telephone:	Office Fax:
E-mail Address:	
I am a <input type="radio"/> Dentist <input type="radio"/> Hygienist <input type="radio"/> CDA	College #
Language(s) spoken at your office:	Office Hours:

I would like to receive the free Patient Referral Service as a member benefit.

Yes No **Specialty:** _____

What subjects would you like to hear at future Continuing Education Nights?

1. _____ 2. _____

Annual Membership Fee \$388* (Admission to **4** Continuing Education Seminars (worth 3 CE credit hours each) that include free buffet dinners)

- ***4th Year UBC Dental Student: Free Membership**
- ***All New Dental Graduates for the year who register for membership will get one year of membership at half price \$194**
- ***UBC Post Graduate Dental Student: Membership at half price \$194**

*I am a 4th Year UBC Dental Student Current New Dental Graduate Post Graduate Student

Payment Options:

Cheque

Please mail this form and a cheque payable to **CCDSBC** to
P.O. Box 4437, Vancouver, BC, V6B 3Z8

VISA

MASTER CARD

Card No. _____ Expiry _____

Cardholder name _____

Please print card information clearly on this form and email it to: ccdsbc.ca@gmail.com