

THE NATIONAL DENTURIST ASSOCIATION, USA

The National Denturist Association, USA represents denturists, healthcare professionals dedicated to serve the dental prosthetic needs of individuals. The National Denturist Association, USA, exists to be the authoritative voice for denturists in the United States, to pursue advancement of the profession through education, communication among members, act as the liaison with international agencies and encourage excellence in the provision of denturists' services to all Americans. The National Denturist Association, USA provides educational opportunities, organizes national and international gatherings, sponsors trade shows and provides an avenue for camaraderie among the membership. Membership is open to interested parties with fee designations for standard and associate memberships.

Membership Application

Standard Membership Annual Fee*\$150.00
Standard Membership Annual Fee After June 1st*\$250.00
(Fee includes subscription to *The National Denturist, USA* magazine, reduced fees to association activities and special benefits.)

Associate Membership Annual Fee*\$ 75.00
Associate Membership Annual Fee After June 1st*\$125.00
(Associate memberships are available for student denturists, retired denturists, spouses and office staff. Office staff does not include denturists, dentists or dental technicians. Fee includes subscription to *The National Denturist, USA* magazine, reduced fees to association activities and special benefits.)

Address 1 _____ Address 2 _____
Name _____ Business Name _____
Address _____ Address _____
Address _____ Address _____
Telephone _____ Telephone _____
Facsimile _____ Facsimile _____
E-Mail _____ E-Mail _____
Website Address _____
Name of Institution _____
(Required; Students Only)

Pay accepted online at www.nationaldenturist.com or Mail
or Fax completed Membership Application to: National Denturist Association, USA
Executive Office
P. O. Box 2344
Poulsbo, Washington 98370
Facsimile: (360) 779-6879

Make Checks Payable to: National Denturist Association, USA

Credit Card Payment: MasterCard Visa Discover
Card Number _____
Signature _____
Expiration _____ Security Code _____ Amount Authorized _____
Please send correspondence to: Address # 1 Address # 2

*Membership follows the calendar year