

NATIONAL DENTURIST ASSOCIATION, USA

THE NDA, USA

The NDA, USA represents denturists, healthcare professionals dedicated to serving the dental prosthetic needs of individuals. THE NATIONAL DENTURIST ASSOCIATION, USA, exists to be the authoritative voice of denturism in the United States, to pursue advancement of the profession through education and communication among members, act as the liaison with international agencies and encourage excellence in the provision of denturists' services to all Americans. The NDA, 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*.....\$170.00
(Fee includes subscription to *The National Denturist, USA* magazine, reduced fees to association activities and special benefits.)

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

Name _____ Business Name _____
Address (line 1) _____ Address (line 1) _____
Address (line 2) _____ Address (line 2) _____
Address (line 3) _____ Address (line 3) _____
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
completed Membership Application to: National Denturist Association, USA
325 John Knox Rd., Bldg L, Ste 103
Tallahassee, FL 32303

Make Checks Payable to: National Denturist Association, USA

Credit Card Payment: MasterCard Visa

Card Number _____

Signature _____

Expiration _____ Security Code _____ Amount Authorized _____

Please send correspondence to: Address # 1 Address # 2

*Membership follows the calendar year

Telephone: (360) 232-4353 **E-Mail:** nda@nationaldenturist.com **Website:** www.nationaldenturist.com