



New Membership Application –Privacy Statement

Information provided to the CDAA by our members will only be used for association related business. Any information provided will be used in the reasonable and usual conduct of association business including but not limited to: Employment Registry services, Awards and Recognition, Newsletters, Board and Committee business, Continuing Education, Events Registration. Unless specifically notified by an individual member of specific information that is not to be used for a specific purpose, the member gives the CDAA permission to use any information on file for the reasonable and usual conduct of association related business.

I, (Print Name) _____ AB License RDA# _____

Agree to the use of the following information by the CDAA for the reasonable and usual purposes of conducting the business of the association. I understand that it is my responsibility to advise the CDAA directly of any change to this information when it occurs. I understand that failure to do so may result in loss of benefits or services relying on this information.

Signature _____ Date _____

Please provide all requested information and print clearly.

Name (First, Middle Initial, Last) _____

Maiden Name: _____

Mailing Address (incl. Apart# 1st) _____

City/Town: _____ Postal Code: _____

Home PH () _____ Home Fax () _____

Work PH () _____ Work Fax () _____

Email address: _____

Employer: _____

Dental Assisting or Dental school attended or Challenge Exam/ school location / Graduation year _____

Calgary member since what year? _____ If not during some years, which years? _____

Have you ever been a member of another Local Association/Chapter in Alberta (Lakeland, Grande Prairie, Peace River, Red Deer, Edmonton, Medicine Hat or Lethbridge)? If so, what Local and what years?

Have you ever taken Inactive status with the College of Alberta Dental Assistants for Maternity, out of province or other reason? If so, when and why? _____

Be advised that the CDAA cannot provide you with complete services unless this form is on file with all of the requested information provided.

Please return this completed and signed sheet to the Calgary Dental Assistants Association via Email: calgaryrda1@gmail.com

Mail: PO Box 1476 Didsbury, AB. T0M 0W0