Orange County Academy of Cosmetic Dentistry

Affiliate of the American Academy of Cosmetic Dentistry®

# Application for Membership

Check membership category;

( ) Doctor ( ) Lab Tech & Owners ( ) Hygienist ( ) Student

Name: _____

Address: _____

_____

Business Phone; _____FAX:_____ Cellular: _____

E-Mail: _____

Are you a member of the AACD? ( ) Yes ( ) No

Are you signed up for accreditation with the AACD? ( ) Yes ( ) No

If yes, which of the following have you completed?

( ) Written Exam

( ) Case Type # 1 - Six or more indirect ( ) Case Type # 2 - One or two indirect restorations

( ) Case Type # 3 - Tooth replacement ( ) Case Type # 4 - Anterior direct resin

( ) Case Type # 5 - Six or more direct resin veneers-technique case

Are you presenting in: ( ) Digital Format ( ) Slide Format

Dental School and year of graduation: _____

Post graduate training: _____

Areas of advanced training: _____

Personal areas of cosmetic interest: _____

How can the Orange County Academy of Cosmetic Dentistry better serve you?

_____

_____

If accepted to membership in the OCACD. I agree to abide by the Constitution, bylaws and rulings of the chapter. Membership in this local chapter does not provide membership in the AACD. I understand that I may not use the AACD's name or logo in any way not approved by the AACD. My signature below indicates acceptance of these policies.

Signature of Applicant: _____ Date: _____

Membership Dues of $225 Must Accompany This Application.

5765 E. Santa Ana Canyon Rd., Suite A, Anaheim Hills, CA 92807
voice: (714) 818-7193 • web site: ocacd.com • e-mail: info@ocacd.com