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: _____Website Address _____

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. OCACD and AACD will not share my contact info with any 3rd party. My signature below indicates acceptance of these policies.

Signature of Applicant: _____ Date: _____

Membership Dues of $395 Must Accompany This Application.

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