

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.