

Please mail this form complete with payment to: 7181 Woodbine Avenue, Suite 235, Markham, Ontario L3R 1A3
Or fax the completed form with credit card number to 416-742-2386

MEMBERSHIP APPLICATION FOR 2010/2011
Association of Dental Technologists of Ontario
(PLEASE PRINT CLEARLY)

2010/2011 Annual Renewal Fee for RDT's – Full-Membership
(Membership is \$528.88, plus insurance portion of \$67.00 and \$74.12 taxes)

\$670.00

Professional Liability Insurance

*Are you aware of any facts or circumstances, which may give rise to a claim under your professional liability insurance? Yes: No:

If your answer is "yes", it is imperative that you immediately notify the Association's broker to determine whether or not a claim report should be filed. Failure to report a claim or a potential claim may negate coverage.

*Date:

*Signature

New member must complete a separate Errors & Omissions questionnaire

RDT#: _____ Current Status with CDTO: ___ Active ___ Inactive ___ Retired ___ Suspended ___ Other

*Last Name: _____

*Given Name: _____

Preferred Name: _____

*Name of Business: _____

*Business Address: _____

*City: _____

* Province: _____

*Postal Code: _____

*Telephone: () _____

Fax: () _____

E-Mail: _____

Please check if business address is same as mailing address ()

Mailing Address (if different from above): _____

City: _____

Province: _____

Postal Code: _____

Alternate telephone (if different from above): () _____

***Method of Payment (Please indicate which method you choose):**

Absolutely no payments will be processed nor receipts issued prior to July 1st, 2010

___ CHEQUE (made payable to the Association of Dental Technologists of Ontario)

___ VISA ___ MasterCard

CARD #: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

**Required Field*

Remember after July 16th, 2010 there will be a \$75 penalty for late renewals
Absolutely NO exceptions, this will be enforced.

Renewal is for one year (September 1, 2010 to August 31, 2011). Upon acceptance of your application and receipt of the annual fee, mandatory liability insurance will be provided to full members only. Membership is a yearly commitment; it has privileges as well as responsibilities. Your signature above signifies that you stand in agreement with our Mandate and its responsibilities. All receipts will be mailed to YOU.

For a copy of our privacy policy, please visit our website at www.adto.ca.