



# NLDAA Membership Application

NOTE: THERE IS NO FEE FOR THE 2021-2022 YEAR.

**PLEASE PRINT CLEARLY**      \*\*\*New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Student \_\_\_\_\_

**SECTION 1: PERSONAL INFORMATION**      DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name Change: No \_\_\_\_\_ Yes \_\_\_\_\_ ⇒ Former Name/s: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SECTION 2: PROFESSIONAL INFORMATION**

Level II Licensed DA: \_\_\_\_\_

Currently Holding DA Level II License in (Province) \_\_\_\_\_

**SECTION 3: FEES AND PAYMENT** –

**THERE ARE NO FEES FOR THE 2021-2022 RENEWAL PERIOD.**

***The NLDAA will accept a SCANNED COPY or CLEAR PHOTO of membership application to [nldaaemt@gmail.com](mailto:nldaaemt@gmail.com).***

**If necessary, please see our mailing address below:**

**Newfoundland & Labrador Dental Assistants Association  
P. O. Box 28023  
Avalon Mall  
St. John's, NL A1B 4J8**

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**[nldentalassistants@gmail.com](mailto:nldentalassistants@gmail.com)**