



Membership  
2020

## Volunteer Outreach Form

Please complete this form for each non-member.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Non-member Name: \_\_\_\_\_

Non-member:

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Have they been a member of the CDA before? \_\_\_\_\_

Have they been a member of the ADA before? \_\_\_\_\_

 Yes No

Did the non-member indicate he/she wants to join or reinstate his/her membership?

If no, please indicate the reason he/she has chosen not to join or reinstate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does the member hope to get out of joining organized dentistry?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include any additional information gathered during the call/visit including anything specific that needs to be answered by the CDA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this form to Erica Carvin, Director of Membership via email at [erica@cdaonline.org](mailto:erica@cdaonline.org), fax to (303) 740-7989 or mail to the Colorado Dental Association 8301 East Prentice Avenue, Suite 400, Greenwood Village, CO 80111