



## Affiliate Membership Application

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(Please print or type)

**I hereby make application for an Affiliate membership.**

In addition to the benefits you already receive from your local component, state association and the American Dental Association (ADA), the Colorado Dental Association can provide you with multiple opportunities that support you professionally and personally. **ADA member dentists practicing outside the boundaries of the Colorado Dental Association are eligible for an Affiliate Membership.** An Affiliate Member shall be entitled to the rights and privileges of an Active Member, however, an affiliate member shall not have the privilege to vote or hold an elected or appointed office or position in this association.

Benefits include:

- Tremendous savings offered by our endorsed companies because we've negotiated prices exclusively for members.
- Member pricing for online classified advertising.
- Free annual subscription to the *CDA Journal & CDA eNews*.
- Member pricing on room rentals at the Business Tech Center.
- Special event invitations.

I am currently a member in the \_\_\_\_\_ and \_\_\_\_\_  
local component society state dental association

ASDA or ADA# \_\_\_\_\_

Name _____ (last) (first) (middle)		
Date of Birth _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address _____		
City _____	State _____	Zip _____ Home Phone _____
Cell Phone _____	E-mail Address _____	
I would like to use the following for my primary mailing address:		<input type="checkbox"/> Home <input type="checkbox"/> Office
Why did you choose to become a CDA member?		
<input type="checkbox"/> Networking	<input type="checkbox"/> Direct mail	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Eligibility for endorsed products and services

Primary Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_ Email \_\_\_\_\_

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I give the Colorado Dental Association (CDA) permission to fax, e-mail and mail me regarding member benefits, services, products, events and continuing education. I understand that my e-mail address and fax number will not be sold or shared outside of the Colorado Dental Society.

Enclosed is my completed application with a copy of my Graduate Studies Certificate (if appropriate). By signing this application I agree to abide by the laws of the Colorado Dental Association, pertaining but not limited to Continuing Education and Peer Review Requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Colorado Dental Association**  
**8301 East Prentice Avenue, #400**  
**Greenwood Village, CO 80111**

**CDA accepts Visa, Mastercard,**  
**Discover and American Express**