



# INDO-CANADIAN DENTAL ASSOCIATION

## MembershipForm 2025 - 2026

☐ Application

☐ Renewal

Name:	
Office Address:	
Office Phone:	Office Fax :
You area: Dentist <input type="radio"/> Hygienist <input type="radio"/> CDA <input type="radio"/> Student <input type="radio"/>	College #
Language (S) Spoken at your office:	Office Hours :

Would you like to receive free patient Referral Services as a member benefit?

☐ Yes

☐ No

Would you like your business listed in our directory and website?

☐ Yes

☐ No

What topics would you like to hear about at our future events?

Annual Membership Fees \$399

☐

4th year UBC Dental Students 1st Year Free

☐

All Dental Students \$ 199

☐

Lifetime Members - \$1999

☐

CREDIT INFORMATION

Visa

☐

Mastercard

☐

Cheque

☐

Cardholder Name : (As shown on card)	<input type="text"/>	By signing, the cardholder authorize a one time charge of the selected rated above to the entered credit card to ICDA.
Credit Card Number:	<input type="text"/>	
Expiration Date : (mm/yy)	<input type="text"/>	No cancellations or refunds.
Cardholder Postal Code: (Credit Card Billing Address)	<input type="text"/>	CCV: <input type="text"/>

Cheques Delivered to  
INDO CANADIAN DENTAL ASSOCIATION  
15850 24 Ave Suite 300, Surrey, BC V3Z 0G1, Canada

Signature

THANK YOU

