



**THE ASSOCIATION OF PROSTHODONTISTS OF CANADA
L'ASSOCIATION DES PROSTHODONTISTES DU CANADA**

Membership Application (January 1 - December 31, 2010)

Name:	Spouse:
Mailing Address or <input type="checkbox"/> <i>check if same as last year</i>	Date of Birth:
Tel: Fax: E-mail:	Language Preference: English <input type="checkbox"/> French <input type="checkbox"/>

Office Address:	Home Address:
Tel: Fax: E-mail:	Tel: Fax: E-mail

Practice Description: _____

Codes:

N - No Codes Listed	R - Removable Partial Dentures	P - Private Practice	AF - Armed Forces
C - Complete Dentures	F - Fixed Partial Dentures	H - Hospital	AD - Administrative
I - Implants	M - Maxillofacial Prosthetics	A - Academics	

	INSTITUTION	YEAR GRADUATED	DEGREE
Dental School:			
Prosthodontic Program:			
Additional Graduate Work Institution:			

Category	Fee	Renewal Status	
Active Member – JPD included free with membership	\$425	<input type="checkbox"/>	<i>Please return form with payment to:</i> APC National Office c/o CDA 1815 Alta Vista Dr. Ottawa, Ontario K1G 3Y6 administrator@prosthodontics.ca www.prosthodontics.ca Tel: (604) 418-0278 Fax: (604) 263-1757 Thank you for your support!
Non-Resident Member	\$175	<input type="checkbox"/>	
Life Member	N/C	<input type="checkbox"/>	
Affiliate Member	\$175	<input type="checkbox"/>	
Student Member	N/C	<input type="checkbox"/>	
Honorary Member	N/C	<input type="checkbox"/>	
Auxilliary JPD subscription for Non-Resident, Affiliate, Life and Student members	\$175	<input type="checkbox"/>	
<i>Late fee: After January 31, 2010, please add \$25</i>	\$25	<input type="checkbox"/>	
Total Remittance \$ _____			

If you are unable to access the digital Frontline and Roster please check

Method of Payment **Cheque (payable to APC)** **Visa** **MasterCard**

Card Number: _____ Expiry date: _____

Name of Cardholder: _____ Signature: _____

I consent to the APC collecting the information contained in this form and using it for APC purposes

Signature: _____ **Date:** _____



**THE ASSOCIATION OF PROSTHODONTISTS OF CANADA
L'ASSOCIATION DES PROSTHODONTISTES DU CANADA**

Membership Application (January 1 - December 31, 2010)

Additional questions:

Permission to send your name and address to companies providing benefits?

Yes No

Please indicate if you have any alternate JPD subscription sources (i.e. JPD sponsoring organizations other than APC), pick the primary source.

Yes No Subscription source: _____

Would you like your website listed in the directory?

If so, what is the URL or web address of your site?

Yes No Web: _____

Do you have an email address that should appear in public search listings? If so, what is it?

Yes No Email: _____

Would you like your clinical practice address to appear in public search results on the APC website?

Yes No Address that should be listed: _____

Would you like your practice phone number to appear in the APC public search listings? Which number is it?

Yes No Number: _____