



**British  
Columbia  
Dental  
Association**

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

# Membership

*in the British Columbia Dental Association*

**March 1, 2017 - February 28, 2018**

**PLEASE PRINT CLEARLY**

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Preferred Given Name \_\_\_\_\_  
first middle

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
mm dd yyyy

Dental School \_\_\_\_\_ Country \_\_\_\_\_ Graduation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

CDSBC Licence Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CDSBC Registration Number \_\_\_\_\_  
mm dd yyyy

**MEMBERSHIP CATEGORIES and FEES**

Check (  ) appropriate category

**ACTIVE: fee included in CDSBC full registration  
see reverse to activate membership**

- General Practitioner  
 Certified Specialist \_\_\_\_\_  
specialty

Applicants must hold a recognized dental degree and licence issued by the College of Dental Surgeons of BC (CDSBC), to practise in British Columbia

*\*all fees include GST  
\$105.00*

**NON-PRACTISING**

- Retired or Disabled BC Resident  
**Documentation required:**  
 - confirmation of status

**AFFILIATE**

- Resident outside BC **\$367.00**  
**Documentation required:**  
 - copy of graduation certificate  
 - proof of good standing from current licensing authority
- Dentist holding CDSBC limited volunteer registration **Exempt**  
**Documentation required:**  
 - confirmation of limited volunteer registration with CDSBC

**EDUCATIONAL**

- UBC student in \_\_\_\_\_ year exempt from fees and documentation
- Post-graduate/Resident/Intern participating in full-time accredited CDA/ADA dental post-graduate, intern or residency program and registered with the CDSBC **Exempt**
- Graduating class outside BC participating in full-time out-of-province accredited CDA/ADA dental program - **graduating class only** **\$ 26.25**  
**Documentation required:**  
 - confirmation letter from Dean's office
- Dentist holding limited educational registration **Exempt**  
**Documentation required:**  
 - confirmation of limited educational registration with CDSBC

**PRIMARY PRACTICE**

Practice Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Additional practice addresses may be added via your online Profile

**HOME**

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**ELECTRONICALLY TRANSMITTED COMMUNICATIONS**

I consent to emails and e-newsletters about member benefits, programs, surveys and services provided by the British Columbia Dental Association being sent to the following personal email address:

Email \_\_\_\_\_ (personal email preferred)

Once registered you may modify your communication preferences by accessing your Profile on the member website. Please be advised that 'opting out' may restrict our ability to keep you current on urgent or time-sensitive updates affecting your practice.

**BCDA MAILINGS** (check one only)

- practice address  home address

**MEMBER WEBSITE ACCESS <http://bcdental.org>**

If you are accessing the website for the first time, click on 'BCDA Member Login' and, prior to logging in, click 'request access' at top right of login page.

**FEES: (check category)**  NON-PRACTISING  AFFILIATE  EDUCATIONAL **TOTAL \$** \_\_\_\_\_

**METHOD OF PAYMENT**

- Visa** Name on card \_\_\_\_\_
- Mastercard** Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_
- Cheque** (payable to British Columbia Dental Association) Authorized signature \_\_\_\_\_

## PRIVACY PRACTICES

### Why do we need your personal information?

The Association may use your personal information to communicate with you regarding new information, products, services, events and other opportunities, so that you can get the most out of the services that the Association has to offer.

### What is "personal information"?

"Personal information" is information about an identifiable individual, such as age, sex and birthdate but does not include (a) contact information such as: name, job title, business address or work telephone number; or, other contact information of an individual at a place of business; or, (b) work product information.

### What are our purposes for collecting personal information?

- to confirm your identity
- to establish and maintain an accurate member database
- for studies and research related to oral health and the profession
- to develop, enhance, market or provide products and services
- to manage and develop the Association's business and operations, including personnel and employment matters
- to meet legal and regulatory requirements

### We disclose your business contact information to:

- our distinguished partners or preferred merchants for the efficient and effective provision of member services
- the Canadian Dental Association and local dental societies for membership purposes
- consultants such as, but not limited to, our economic consultant for the purpose of including dentists in the annual economic survey resulting in the production of an annual fee guide
- the public
- a third party or parties, where the member consents to such disclosure or disclosures as required by law

## CONSENT

We value our relationship with you. For us to provide you with information relevant to you and your practice, please provide consent below.

### Required for all membership categories

I consent to the collection, use and disclosure of my personal information for the purposes specified above.

### Required to activate membership for Active (licensed) members

I have consented to "Level 2 Release of Information" on the College of Dental Surgeons of British Columbia Application for Registration form. This level of consent allows for the continual release of my personal information from the College of Dental Surgeons of British Columbia to the British Columbia Dental Association for the purposes of membership activation, communication and the creation of a member database until such time as it is withdrawn in writing

\_\_\_\_\_

*signature*

\_\_\_\_\_

*print name*

\_\_\_\_\_

*date*

## OPT-IN

I consent to the British Columbia Dental Association using my business contact information for the following purpose(s):

CHECK PREFERENCE(S):

- |  |                              |  |
|--|------------------------------|--|
| • to sell to commercial enterprises for the provision of products or services  | <input type="checkbox"/> Yes | <input type="checkbox"/> No<br><i>This choice will not affect my eligibility for membership in the Association</i> |
| • to share with distinguished partners or preferred merchants for the efficient and effective provision of member services | <input type="checkbox"/> Yes | <input type="checkbox"/> No<br><i>This choice will limit my ability to receive optimum member services</i>         |

\_\_\_\_\_

*signature*

\_\_\_\_\_

*date*

### Return completed application to:

British Columbia Dental Association  
400 1765 West 8th Avenue  
Vancouver BC Canada V6J 5C6  
T 604 736 7202 1 888 396 9888  
F 604 736 7588 E bcda@bcdental.org

### Privacy Officers:

Ann Heald  
Debbie MacLean  
Karen Power  
  
E privacy@bcdental.org