



**British
Columbia
Dental
Association**

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

Membership

in the British Columbia Dental Association

March 1, 2020 - February 28, 2021

PLEASE PRINT CLEARLY

Surname _____ Given Name(s) _____ Preferred Given Name _____
first middle

Date of Birth ____ / ____ / ____ Sex: Male Female X
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

NON-PRACTISING \$105.00

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

AFFILIATE

- Resident outside BC \$367.50
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 registration with CDSBC

- Dentist holding CDSBC registration to practise within the Canadian Armed Forces Exempt
Documentation required:
- confirmation of registration with CDSBC

EDUCATIONAL

- UBC student in _____ year Exempt
exempt from fees and documentation
- Post-graduate/Resident/Intern Exempt
participating in full-time accredited CDAC/CODA dental post-graduate, intern or residency program and registered with the CDSBC

- Graduating class outside BC \$ 26.25
participating in full-time out-of-province accredited CDA/ADA dental program - graduating class only
Documentation required:
- confirmation letter from Dean's office

- Dentist holding limited educational registration Exempt
Documentation required:
- confirmation of 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: (includes GST) NON-PRACTISING AFFILIATE EDUCATIONAL TOTAL \$ _____

METHOD OF PAYMENT

- Visa
 Mastercard
 Cheque (payable to British Columbia Dental Association)

Name on card _____

Card # _____ Expiry Date _____

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

DECLARATION under Bylaw 2.6

I agree to abide by the attached Constitution, Bylaws and such policies as are established that relate to membership, including, without limitation, the Core Principles of the BCDA Principles of Best Practice.

_____ 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
This choice will not affect my eligibility for membership in the Association |
| • 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
This choice will limit my ability to receive optimum member services |

_____ 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