

TEXAS DENTAL ASSISTANTS ASSOCIATION

APPLICATION FOR CERTIFICATE OF CONTINUOUS MEMBERSHIP
10 YEARS OR MORE

Date: _____
Name: _____ RDA# _____ CDA# _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (cell) _____ (home)
Email: _____

I became a member of the Texas Dental Assistants Association in _____

My name and address at time of joining was: _____

Other changes of name or membership: _____

I am applying for a Continuous Membership Certificate of Award for _____ years.

Name of Local/Component Dental Assistants Society if applicable

I am a member in good standing of the Texas Dental Assistants Association, and hereby apply for Texas Dental Assistants Association Certificate of Membership Award for 10 years or more.

I understand that if I am granted this certificate there are no special privileges provided with it.

Signed: _____
Date: _____

The above information has been checked against our State's membership records and I find the applicant has maintained the stated number years continuous membership in TDAA. (otherwise, find explanation attached)

Signed: _____, Committee Chairman
Date: _____

This application should be submitted to the Chairman of the Certificate Membership Award Committee of the Texas Dental Assistants Association not later than April 1, 2019.

2019 Committee Chairman: Kathleen Boyle, 4009 Barnett Dr., Plano, TX 75024 OR kathleenboyle@att.net