



Membership & Education Subscription Registration Form

I wish to purchase an annual ADTA membership. Please check the membership type below.

Dental Therapist Membership (ADT, DHAT, LDT, DT) - **\$199/annually**

Associate Membership (Dentists, Hygienists, Dental Assistants, Other medical professionals within the U.S. and International) - **\$149/annually**

Organizational Membership (up to 10 individuals). - **\$999/annually**

Seasoned Veteran Membership (Ages 62 and up - Must show proof of age with state ID, driver's license, etc)

\$159.20/annually for Seasoned Veteran Dental Therapist Membership

\$119.20/annually for Seasoned Veteran Associate Membership

I wish to purchase an annual ADTA Education Subscription - **\$249**

Payment Information for Membership and/or Education subscription

Name of Individual: _____

Mailing address: _____

City/State/Postal Code: _____

Email: _____

Phone: _____

Payment type:

- Invoice

- Check #: _____

- Credit card

Credit card #: _____ Exp date: ____/____

Authorization Code: _____ (front of Amex, back of Visa, MC) Please circle the correct card type

Name on Credit Card: _____

Cardholder's Signature: _____

I authorize the ADTA to process a Membership and/or Education Subscription with the payment option selected above.

Authorized Signer: _____

Print Name (if different from above): _____ Date: _____

**Please mail this completed form and payment to: ADTA Attn: Kari Ann Kuntzelman,
750 NE Hill Way, Estacada, OR 97023**