

Join Us - 2023 Membership Form

Our membership is a blend of dentists and non-dentists (people who work in the area of dental insurance claims). Some of our members are independent dentists working in a consulting role to plan sponsors and third party administrators. Other members are employed directly by third party plan administrators in the dental contract interpretation area.

We have 2 membership categories:

- **Active** (this is for dentists) fee is \$200 / \$250 if paid after April 30
- **Associates** (this is for non-dentists) fee is \$125 / \$150 if paid after April 30

Joining is easy – just print this membership form and mail it with your payment.

Our membership year runs from January 1st to December 31st. Dues are to be paid promptly. CADC is operated by volunteer members. Visit our About Us page to meet our current Executive.

Membership Benefits

Staying ahead of the curve in terms of billing abuse and dental fraud can be challenging. Just when you think you've seen it all, there's a new twist. Our members find being able to network (we use Google Groups) with each other to be very helpful. The synergy generated benefits everyone involved. You must be a CADC member to participate in this networking.

Annual Symposium

Each September we host a Symposium. Topics change from one year to the next but they are always relevant to current trends we see in the dental benefits industry. And being a national organization we change the location each year. The Planning Committee is working on the program so check our Resources page for updates throughout the year. You do not have to be a member of CADC to attend this event but non-members do not receive the discounted fee.

Membership Form

CADC Membership in Three Easy Steps

1. Print the form
2. Fill in your information
3. Mail it with your membership fee, payable to Canadian Association of Dental Consultants

Title: Dr. Mr. Mrs. Ms.

Specialty (if applicable): _____

Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel (office): _____ Tel (home/cell): _____

Email Address: _____

I am a (select only one):

- Practising dentist
 Dental consultant
 Dentist and consultant
 Dental plan sponsoring company
 Employee of a third party administrator of dental benefits
 Other _____

Membership Classifications and Fees:

- **Active** (this is for dentists) fee is \$200 / \$250 if paid after April 30
- **Associate** (this is for non-dentists) fee is \$125 / \$150 if paid after April 30

I wish to apply for (Active / Associate) _____ membership.

Dues in the amount of \$ _____ payable to

Canadian Association of Dental Consultants is enclosed.

Signature: _____

Mail this form with your cheque to:

Dr. Anu Seoni
334 Amberwood Drive
Waterloo, ON N2T 2G1