

# MEMBERSHIP APPLICATION

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL \_\_\_\_\_

**BUSINESS INFORMATION**

EMPLOYER/COMPANY \_\_\_\_\_ SPECIALTY \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ WORK FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_  
 PRIMARY POSITION \_\_\_\_\_ E-MAIL \_\_\_\_\_

WHERE DO YOU PREFER TO GET YOUR MAIL?    HOME    OFFICE  
 I WOULD LIKE TO BE INVOLVED IN ODEA:    STUDY GROUP    SPECIAL PROJECTS    BOARD MEMBER    COMMITTEES

I WOULD LIKE MORE INFORMATION ABOUT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT ODEA? \_\_\_\_\_

WHAT PRACTICE MANAGEMENT SOFTWARE DO YOU USE? \_\_\_\_\_

I do not want my contact information listed in the ODEA membership directory or website

ODEA FEES		
Description	Amount	Total
Regular Member Annual Dues <i>(12 months from date submitted)</i> Regular members are individuals employed in a management or administrative position by a dentist	\$185 for 1 year \$350 for 2 years	\$
Associate Member Annual Dues <i>(12 months from date submitted)</i> Associate members are individuals who are representative of a firm or corporation engaged in providing	\$390	\$
<b>Grand Total:</b>		<b>\$</b>

**Total Payment Enclosed \$** \_\_\_\_\_

**Check enclosed:** \_\_\_\_\_

**Credit Card: Name on Card** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Card # \_\_\_\_\_ Signature \_\_\_\_\_

*Send application and payment to:*

**ODEA - PO Box 454 — Gladstone OR 97027**  
**Phone: 971-772-1312 Email: [info@Oregondentalexecutives.org](mailto:info@Oregondentalexecutives.org) Web: [oregondentalexecutives.org](http://oregondentalexecutives.org)**

\*Your association dues are not deductible as a charitable contribution for federal tax purposes. However, they may be deductible as an ordinary and necessary business expense.