

June 1, 2025 - May 31, 2026

Apply when you receive your Licence Registration Number

RETURN FULLY COMPLETED**By email:** member@oda.ca

or

By mail: Membership Administration, Ontario Dental Association

4 New Street, Toronto, Ontario M5R 1P6

Tel: 416-922-3900 • Toll Free: 1-800-387-1393

PLEASE PRINT CLEARLY

First Name: _____ Middle Name: _____

Last Name: _____

Choose only one Preferred (can be any combination). The ODA's main method of communication with members will be through email.

Office Address: Preferred

Practice Name (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____

Office Telephone Number: _____ Preferred Telephone Number

Office Fax Number: _____ Preferred Fax Number

Office Email Address*: _____ Preferred Email Address

Home Address: Preferred address for mailing

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone Number*: _____ Preferred Telephone Number

Home Fax Number: _____ Preferred Fax Number

Home Email Address*: _____ Preferred Email Address

Male Female Date of Birth: ____/____/____

RCDSO Certificate of Registration # _____ Date Received: ____/____/____

Specialty: _____

Name of University: _____ Country/Province: _____ Graduation Year: _____

If you did not attend an **Ontario University**, which of the following programs did you complete?

An Accredited Dental Program or Qualifying/Degree Completion Program

The NDEB Equivalency Process

Current ODA Student member: YES FROM: _____ TO: _____

NO

PLEASE SEE PAGE TWO FOR INFORMATION

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The following questions will help us serve you better and develop programs that matter. Collecting this information will help the ODA streamline communications to you.

1. Which scenario describes your primary role in practice. Please select only one scenario:

A practice owner of 1 practice

A practice owner with 2 practices

A practice owner with 3+ practices

An associate working in 1 practice

An associate working in 2 practices

An associate working in 3+ practices

In a corporate practice as a principal contractor

In a corporate practice as an associate

Not in private practice (e.g. work in hospital, teaching facility, Canadian Forces, etc.)

Not currently practicing

2. Do you work in or do you provide dental care in a hospital setting?

Yes

No

***Please refer to “Your email address” in the ODA Privacy Statement.**

PRIVACY

The information collected on this form will be used by the ODA for the purpose of processing your membership and for no other purpose. The ODA is committed to protecting the privacy of your personal purpose. The ODA is committed to protecting the privacy of your personal information. Our privacy policy and further information regarding the collection, use and disclosure of personal information can be viewed at www.oda.ca or by contacting our Privacy Officer: Tel: 416-922-3900 or 1-800-387-1393; Email: info@oda.ca.