

**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

**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](http://www.oda.ca) or by contacting our Privacy Officer: Tel: 416-922-3900 or 1-800-387-1393; Email: [info@oda.ca](mailto:info@oda.ca).

**MAIL FULLY COMPLETED ALONG WITH CHEQUE PAYMENT TO:**

**Membership Administration, Ontario Dental Association**

**4 New Street, Toronto, Ontario M5R 1P6**

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

Email: member@oda.ca

**Name** \_\_\_\_\_ **Membership ID# (if known)** \_\_\_\_\_

Pay by Cheque (Full Payment only)

Cheque enclosed (Payable to Ontario Dental Association)

**OR**

Pay by Credit Card (Payment or Monthly Installments)

All credit card payments (full or monthly installments) must be made online at [www.oda.ca/member](http://www.oda.ca/member)

or by calling the ODA at 1-800-387-1393

**PLEASE CHOOSE A CATEGORY BELOW AND SEE REVERSE FOR INFORMATION**

ODA Membership Category	Dues	HST	Total	11 Month Installment Plan*
<b>01. Active</b>	\$1,757	\$228.41	\$1,985.41	\$191.79
<b>02. Affiliate</b> (must be in good standing with dental regulator in your province and do not live <b>OR</b> practice in Ontario)	\$1,055	\$137.15	\$1,192.15	\$119.68
<b>06. Salaried</b> (80% of my employment is at _____ (government / teaching facility) _____)	\$1,055	\$137.15	\$1,192.15	\$119.68
<b>07. Canadian Forces</b>	\$1,055	\$137.15	\$1,192.15	\$119.68
<b>09. Non-Registered Retired</b>	\$475	\$61.75	\$536.75	\$60.10
<b>11. Second Year New Dentist</b> (Graduated in 2024)	\$878	\$114.14	\$992.14	\$101.49
<b>12. Post-Grad/Intern/Resident</b> The dental program I will be enrolled in or the facility at which I will be a Resident: _____ Start dates between June 1, 2025 and May 31, 2026 are: Start: _____ End: _____ <b>I will OR I will NOT</b> be practicing dentistry while completing studies/residency.	\$159	\$20.67	\$179.67	NA
<b>18. Registered Retired</b> Eligibility under this category is based on Dentists who no longer practise dentistry and therefore, do not receive any professional income including any per diems from performing dentistry, or who are not deriving any income from dental practice related activities. Dentists who are retired and volunteer their time to mouth-guard clinics, sport teams, charity work locally or abroad, didactic or clinical instruction in dental education are examples of retired dentists that may be eligible. Dentists who continue to receive remuneration for performing occasional dentistry may be eligible for the Part-time/Semi-Retired category.  YES I confirm that I do not receive any professional income from performing dentistry or am not deriving any income from dental practice related activities.  If you do not meet the above criteria, please choose another category or contact ODA Member Services 1-800-387-1393 ext. 3850.	\$475	\$61.75	\$536.75	\$60.10
<b>17. Part-time Semi-Retired**</b> Eligibility under this category is based on working <b>800 Hours or less</b> annually AND earning <b>Net Professional Income (NPI)</b> of \$78,785.00 or less, as of your last fiscal year.  <b>Yes I meet both of the above.</b>  If you do not meet the above criterias, please select another category or provide additional information along with this renewal.	\$1,055	\$137.15	\$1,192.15	\$119.68
<b>14. Parental</b> This category is available to members who are absent from their practices for a period of <b>four (4) to twelve (12) months</b> .  My leave <b>begins:</b> _____/_____/_____ <b>and ends:</b> _____/_____/_____ mm yyyy mm yyyy	\$1,055	\$137.15	\$1,192.15	\$119.68

\* There is an annual **\$110.00 Administrative Fee** added to all deferred payments to cover bank processing charges.  
HST is applied to both the Membership Dues amount and Administrative Fee.

## ACTIVE

Dentists who have a current *Certificate of Registration* to practise dentistry in Ontario and are in good standing with the Association are eligible to be classified as Active Members.

## SALARIED

Dentists who are otherwise eligible to be classified as Active Members of this Association and hold salaried positions wherein they are employed by government or a teaching faculty in which a minimum of eighty (80) percent of their employment time is devoted to such positions may apply to become Salaried Members.

## AFFILIATE

Dentists who reside outside the province of Ontario, but would meet the eligibility requirements to obtain an Ontario *Certificate of Registration*, or dentists who have a current *Certificate of Registration* to practise dentistry in Ontario but do not practise in Ontario and reside outside the province, following application shall be classified as Affiliate Members of this Association.

## CANADIAN FORCES

Dentists who are otherwise eligible to be classified as Active Members of this Association and are serving in the regular forces of the Canadian Forces may apply to be classified as Canadian Forces Members.

## FIRST YEAR NEW DENTIST – 2025 Grad NO CHARGE

Dentists may apply for membership in this category once in their career, in the first membership year following the date of their initial registration to practise dentistry in Ontario, or following the date of their registration as a specialist in Ontario or immediately following a residency program.

## SECOND YEAR NEW DENTIST – 2024 Grad

Following their membership as First Year New Dentist members, dentists may apply for membership in this category.

## POST GRADUATE STUDENT/ INTERN/RESIDENT

Dentists who qualify for registration in Ontario and are participating in full-time post-graduate studies, internships, or residency programs may apply for membership in this category.

## PART-TIME/SEMI-RETIRED

Dentists who hold a current *Certificate of Registration* to practise in Ontario and who work reduced hours of less than 800 hours/year and earn net professional income of \$78,785 or less annually, or are retired (but still registered) may apply for membership in this category. The granting of this status shall be at the discretion of the Membership Services and Programs Advisory Committee.

## REGISTERED RETIRED

Eligibility under this category is based on Dentists who no longer practise dentistry and therefore, do not receive any professional income including any per diems from performing dentistry, or who are not deriving any income from dental practice related activities. Dentists who are retired and volunteer their time to mouth-guard clinics, sport teams, charity work locally or abroad, didactic or clinical instruction in dental education are examples of retired dentists that may be eligible. Dentists who continue to receive remuneration for performing occasional dentistry may be eligible for the Part-time/Semi-Retired category.

## NON-REGISTERED RETIRED

Dentists who no longer hold a current *Certificate of Registration* to practise dentistry in any jurisdiction but would otherwise be registered in good standing with the Royal College of Dental Surgeons of Ontario and who are not eligible for 50 Year Membership category may apply for membership in this category.

## PARENTAL

Active members may apply to the Membership Services & Programs Advisory Committee to become Parental Members should they be absent from their practices for a period of four (4) to twelve (12) months to provide care for a new child. The granting of this status shall be at the discretion of the Membership Services and Programs Advisory Committee and for the maximum of one membership year, for each parental leave period, at any given time.

Any dentist whose *Certificate of Registration* has been suspended based on behaviour not fitting with the ODA Code of Conduct may be denied membership at the discretion of the Membership Services and Programs Advisory Committee.

### How to Reach Us:

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