

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 or by contacting our Privacy Officer: Tel: 416-922-3900 or 1-800-387-1393; Email: 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 Payments Only) - Subject to longer processing times
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

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*
01. Active	\$1,757	\$228.41	\$1,985.41	\$191.79
02. Affiliate (must be in good standing with dental regulator in your province and do not live OR practice in Ontario)	\$1,055	\$137.15	\$1,192.15	\$119.68
06. Salaried (80% of my employment is at _____ (government / teaching facility) _____)	\$1,055	\$137.15	\$1,192.15	\$119.68
07. Canadian Forces	\$1,055	\$137.15	\$1,192.15	\$119.68
09. Non-Registered Retired	\$475	\$61.75	\$536.75	\$60.10
10. First Year New Dentist (Please Complete First Year New Dentist form)	NA	NA	NA	NA
11. Second Year New Dentist (Licensed in 2025)	\$878	\$114.14	\$992.14	\$101.49
12. Post-Grad/Intern/Resident The dental program I will be enrolled in or the facility at which I will be a Resident: _____ Start dates between June 1, 2026 - May 31, 2027 are: Start: _____ End: _____ I will OR I will NOT be practicing dentistry while completing studies/residency.	\$159	\$20.67	\$179.67	NA
18. 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. 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
17. Part-time Semi-Retired** Eligibility under this category is based on working 800 Hours or less annually AND earning Net Professional Income (NPI) of \$78,785.00 or less, as of your last fiscal year. Yes I meet both of the above. 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
14. Parental This category is available to members who are absent from their practices for a period of four (4) to twelve (12) months. My leave begins: ____/____/____ and ends: ____/____/____ 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

You hold a Certificate of Registration to practice dentistry in Ontario and earn a professional income from it.

SALARIED

You hold a Certificate of Registration to practice dentistry in Ontario. You work for a government or teaching facility from which **80%** of your professional income is earned.

AFFILIATE

You live and practice dentistry outside of Ontario and are in good standing with the dental regulator in your province or territory.

CANADIAN FORCES

You hold a Certificate of Registration to practice dentistry in Ontario and serve in the Canadian Armed Forces.

FIRST YEAR NEW DENTIST — 2025 Grad NO CHARGE

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

SECOND YEAR NEW DENTIST — 2024 Grad

You received a Certificate of Registration to practice dentistry in Ontario during the previous membership year (June 1 to May 31).

POST GRADUATE STUDENT/ INTERN/RESIDENT

You are enrolled in full-time dental-related post-graduate studies, internship, or residency program as of the current membership year.

PART-TIME

You hold a Certificate of Registration to practice dentistry in Ontario, work **800** hours or less annually, **AND** earn a net professional income of **\$78,785** or less as of your last fiscal year. (Additional financial details may be required.)

SEMI-RETIRED

You hold a Certificate of Registration to practice dentistry in Ontario and are **intentionally transitioning away from practice**. You work **800** hours or less annually **AND** earn a net professional income of **\$78,785** or less as of your last fiscal year. (Additional financial details may be required.)

REGISTERED RETIRED

You hold a Certificate of Registration to practice dentistry in Ontario, but **do NOT** receive any professional income from it. (Members in this category have **no access to the CDAnet/ ITRANS claims service**.)

NON-REGISTERED RETIRED

You **do NOT** currently hold a Certificate of Registration to practice dentistry in Ontario.

PARENTAL

You hold a Certificate of Registration to practice dentistry in Ontario, but are absent from work for a period of **4 to 12 months** during the current membership year for a birth, adoption, or care of a new child.

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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