

NHAD MEMBERSHIP ROSTER INFORMATION PAGE 2

INTERNET

OFFICE E-MAIL:

HOME E-MAIL:

WEB SITE:

RESIDENCE

RESIDENCE:

ADDRESS AREA HOME PHONE

CITY STATE ZIP AREA HOME FAX

SPOUSE AREA CELLULAR PHONE

AREA PAGER

PHOTOGRAPH

Enclose or Email a glossy black and white photo, head and shoulders only, approximately 4"x5". Male members should have their photos taken with dark jacket and tie. Women should wear business attire.

NAME TAG

Name tag to read:

SPONSORS

NEW MEMBER'S SPONSOR:

NAME

DUES

NEW OR REJOINING MEMBERSHIP: \$3000
CONTINUING MEMBERSHIP: \$2000
(Dues represent Calendar year)

PLEASE MAIL YOUR DUES WITH THIS FORM TO:

NEWPORT HARBOR ACADEMY OF DENTISTRY
2901 Setting Sun Drive
Corona Del Mar, CA 92625

NOTE: FOR MEMBERS TO BE INCLUDED IN THE ROSTER, DUES AND ROSTER INFORMATION MUST BE RECEIVED BY THE PREVIOUS AUGUST 1ST.