San Diego Chapter for Dental Office Managers Study Club

Chapter Membership Application 2017
www.sandiegodentalofficemanagers.com

PLEASE PRINT

Date: ____________
Name: ___________________________ Job Title: ___________________________

Practice Name: _______________________________________________________

Email: _______________________________________________________________

Years in the Dental Field: ____________ Member of AADOM: _____YES _____NO

How did you hear about our group? ________________________________

Our membership fee includes:

► 4-6 Educational meetings per year- 1st meeting free
► Certificate for annual memberships
► Key Note Speaker(s)
► Round Table meeting to allow for exchange of ideas and support of one another
► Access to sponsors for special deals and discounts
► Access to network of local members & mentors
► San Diego Chapter Study Club Member of the Year
► Access of numerous sponsors specific to the needs of Office Managers
► Networking with other Office Managers and Administrative Teams
► Discussions of Marketing, Risk Management, Human Resource, Team Building and much more
► Refreshments/ Light Dinners Served
► Members will be allowed to bring other front office personnel and/or dentist to 1 approved meeting per year
► A Member only Benefit: Utilize our secure member library (password required). Library features articles from industry professions, video, resources, educational handouts, current dental and practice management related new stories, key points discussed from each SDDOM meeting, local events, and more!
► Discounted Membership of $99 (reg. $164) to the American Association of Dental Office Managers

(When completing your online application at www.dentalmanagers.com, simply enter the promo code that will be provided to you once your Chapter Dues have been received to redeem your savings!)

Please choose one membership option below:

_____ RENEWAL: Early Bird Annual Membership Fee: if paid 1/1 to 1/31 $75
_____ RENEWAL: Annual Membership Fee: if paid after 2/1 to 6/30 $95
_____ NEW MEMBER: Annual Membership Fee: if paid 1/1 to 6/30 $75
_____ Prorated Membership Fee: if joining after 7/1 to 12/31 $40

Mailing address for certificate: ____________________________________________

Please make checks payable to Dental Office Managers of San Diego County
Mail Payments to:
ATTN: TAMMY COLEMAN-SDDOM
16766 Bernardo Center Dr #212, San Diego, CA 92128

Thank you for becoming part of San Diego Chapter of Dental Office Managers (SDDOM)!

Board Use
Member submitted payment via _______________________ on ____________ in the amount of $ ____________. CK Number________________
Membership approved by Board Member: _______________________ on ____________
Notes/Certificate/Receipt (e)Mailed: