



**DENTURIST  
ASSOCIATION OF  
ALBERTA**

**MEMBERSHIP APPLICATION**

*Thank you for your interest in the Denturist Association of Alberta  
Please Print as you fill out this form, then mail to the address below including the  
\$300 Application Fee*

Denturist Name \_\_\_\_\_

- Licensed Denturist  
 Intern

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Do you employ the following?

- Licensed Denturist  
 Student Denturist  
 Technician

Practice Permit # \_\_\_\_\_ Licensed Since \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_