

OAPD Membership Registration Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Web address: _____

Information to be displayed on OAPD website:

Check if same as above: []

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Web address: _____

Dues:

Active/Affiliate: \$185.00

Retired: Free

Beginning fiscal year (2011/2012), OAPD dues will be collected by AAPD. Please note that future dues notices will come with your AAPD dues statement in May 2011. The current payment is for 2010/2011. Thank-you.

Contact Info: Dr. Sheena Kansal, DDS sheenakansal@yahoo.com

Please send form and check payable to OAPD to

**OAPD - c/o Dr. Joe Lubisich
300 SE 120th Ave. Suite 100
Vancouver, WA
98683**