



1100 Burloak Drive, Suite 300,
Burlington ON L7L 6B2 ☎ info@cdpa.com,
www.cdpa.com Tel: 416-491-5932, 1-800-876-2372
Fax: 416-239-3443, 1-888-678-9348

Dear Doctor,

Thank you for your interest in the Canadian Dental Protective Association. We have taken the liberty of enclosing a membership application along with additional information about the Association.

The CDPA is a not-for-profit organization, run by dentists, for dentists, providing professional and financial assistance in eligible and appropriate cases when a member's right to practice may be in jeopardy. Our membership is continually growing as more dentists, like you, are realizing the importance of the services that the CDPA has to offer. We are a mutual benefit association, not an insurance based program. We direct the resources of the CDPA towards assisting you with regulatory and employment issues that impact on your practice.

Why should you become a CDPA member?

- assistance with College and other regulatory matters
- assistance for employment related issues
- educational resources on risk prevention
- financial assistance for certain legal representation, generally with **no pre-set limit**

Since 1994, The CDPA Assistance Program has helped its members practice with peace of mind. We encourage you to join CDPA to receive the assistance that it provides. It is important to understand that should a complaint or other investigation arise where the date of the matter precedes your membership in the CDPA, the CDPA adjudication committee at its sole discretion will determine the eligibility of the matter on a case by case basis; simply put, requests for assistance for pre-membership incidents may not be approved. We hope that you make the decision to join our association. If you have further questions, please contact the CDPA at info@cdpa.com or 1-800-876-CDPA (2372), or visit our website at www.cdpa.com.

We look forward to assisting you.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Robert Katz".

Dr. Robert Katz
CDPA, President



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Membership Application

(please print or type)

Name:

Date of Birth:

Office Address:

Suite:

City:

Postal Code:

Are you currently licensed to practice dentistry in the province named above? Yes No

Do you practice at more than one location? Yes No If yes, please list all other practice locations on a separate schedule

Home Address:

City:

Prov.:

Postal Code:

Telephone: Office ()

Cell:()

Home: ()

Fax: ()

*E-mail:

*Email address is required to keep you informed of CDPA news, upcoming events and current risk management issues

School of Graduation:

Year of Graduation:

Specialty:

Year of Completion:

Are you a Professional Corporation? Yes No If so, please provide the name and address of the corporation:

How would you prefer to receive your CDPA communications? E-Mail (electronic) Mail (printed)

Please send CDPA communications to my office home

Please indicate what best describes your practice situation:

Owner of a Sole Proprietorship Member of a Group Practice , Total Number of Dentists: _____

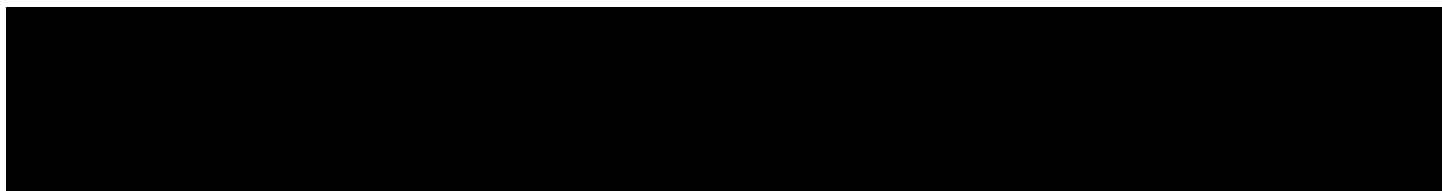
If you practice in a group practice, what best describes your role:

1) Sole Owner 2) Partner 3) Participant in a Cost Sharing Relationship 4) Associate

If you practice in a group practice, please indicate the number of each:

1) Owners/ Partners _____ 2) Participants in a Cost Sharing Relationship: _____ 3) Associates: _____

If you are an Associate, what best describes your contractual agreement? Employee Independent Contractor





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Please indicate how you became aware of the CDPA:

- 1) Journal Ad , Name: _____ 2) Seminar , Location: _____
 3) Dental Meeting , Name: _____ 4) Mailer , When: _____
 5) Other , Details: _____ 6) Colleague , _____

FOR MEMBERSHIP FEES AND PAYMENT OPTIONS PLEASE SEE ATTACHED SCHEDULE “A”

IMPORTANT - PLEASE READ!

Please give full details of any act, omission, circumstances or dispute (alleged or otherwise) that you or any of your staff are aware of that has currently or in the past resulted in or may in the future result in legal proceedings, a complaint before your professional regulatory body (the "College"), and/or any matter for which the assistance of the CDPA may be requested now or in the future.

The CDPA may decline assistance or terminate previously approved assistance if you withhold any information that ought to have been disclosed in answering this question. You should include the names of anyone involved, the status of the matter, and a detailed description of the act and circumstances or dispute, and any action that you have taken. If none, please state so. **(Please provide full details on a separate piece of paper and attach to application form if additional space is required).**

I hereby declare that I have accurately disclosed my knowledge of any event or events that may give rise to requesting assistance from the CDPA. I understand and agree that if a situation exists which resulted from, or should an incident arise as a result of, any professional dental service or the failure to provide the same, which situation or incident predates my membership in the CDPA, the CDPA adjudication committee at its sole discretion will determine the eligibility of the situation or incident on a case by case basis. Applicants should bear in mind that requests for assistance for such pre-membership situations or incidents may not be approved.

Signature: _____ Date: _____

To confirm your request for membership in the CDPA, the accuracy of the information you have provided with this request for membership and your acknowledgement of the following Objects of the CDPA, please sign below.

The Objects of the Corporation are:

- 1) to support, maintain and protect the honour, character and interests of its members;
- 2) to encourage honourable practice of the dental profession;
- 3) to give advice and assistance to members of the corporation in cases where proceedings are brought or threatened against them;
- 4) to promote and support all measures likely to improve the practice of dentistry;
- 5) to collect monies by way of dues or otherwise and to hold and expend the same in furtherance of the objects of the corporation;
- 6) to do all such other things as are incidental or conducive to attainment of the above objects.

Signature: _____ Date: _____

CDPA PRIVACY STATEMENT

The Canadian Dental Protective Association (CDPA) respects your privacy. The CDPA does not share your information with any other group/organization unless we are authorized by you to do so. By paying your membership dues and renewing your membership in the CDPA, you are consenting to the collection, use and disclosure of your personal information by the CDPA as set out in the CDPA's Privacy Policy which can be found on the CDPA website for your review. You also consent to the use of your personal information for the purposes of sending you information and communicating with you.



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SCHEDULE “A”

Option #1

Month of Application	Membership Fee	H.S.T.	Total Amount Payable	Membership Expiry Date
March 2017 to February 28, 2018 inclusive	\$1020.00	\$132.60	\$1152.60	February 28, 2018

Option #2

Month of Application	Membership Fee	H.S.T.	Total Amount Payable	Membership Expiry Date
2017				
April or May	\$1870.00	\$243.10	\$2113.10	Feb 28, 2019
June	\$1785.00	\$232.05	\$2017.05	Feb 28, 2019
July	\$1700.00	\$221.00	\$1921.00	Feb 28, 2019
August	\$1615.00	\$209.95	\$1824.95	Feb 28, 2019
September	\$1530.00	\$198.90	\$1728.90	Feb 28, 2019
October	\$1445.00	\$187.85	\$1632.85	Feb 28, 2019
November	\$1360.00	\$176.80	\$1536.80	Feb 28, 2019
December	\$1275.00	\$165.75	\$1440.75	Feb 28, 2019
2018				
January	\$1,190.00	\$154.70	\$1344.70	Feb 28, 2019
February	\$1105.00	\$143.65	\$1248.65	Feb 28, 2019

*Rates are subject to change upon approval by Board of Directors

Choice of Payment Option - I hereby select Payment Option _____ and:

(a) enclose a cheque in the amount of \$_____ payable to the Canadian Dental Protective Association

OR

(b) I hereby authorize the Canadian Dental Protective Association (“CDPA”) to charge my credit card (**Visa or Mastercard Only**) for membership in CDPA in the amount of \$_____.

Credit Card #: _____ Card Expiry Date ____/____

Name on Card: _____

Address of Cardholder: _____

Cardholder’s Signature: _____



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STUDENT OR NEW GRAD PAYMENT SCHEDULE

Year of Graduation	Membership Fee	H.S.T.	Total Amount Payable	Membership Expiry Date
2017 or later	\$0	\$0	\$0	Feb 28, 2018
2016	\$255.00	\$33.15	\$288.15	Feb 28, 2018
2015	\$510.00	\$66.30	\$576.30	Feb 28, 2018
2014	\$765.00	\$99.45	\$864.45	Feb 28, 2018

*Rates are subject to change upon approval by the Board of Directors

Choice of Payment Option - I hereby select Payment Option _____ and:

(a) enclose a cheque in the amount of \$ _____ payable to the Canadian Dental Protective Association (students need not to include a cheque) OR

(b) I hereby authorize the Canadian Dental Protective Association (“CDPA”) to charge my credit card (**Visa or Mastercard Only**) for membership in CDPA in the amount of \$ _____.

Credit Card #: _____ Card Expiry Date ____/ ____

Name on Card: _____

Address of Cardholder: _____

Cardholder’s Signature: _____