

New England Academy of Cosmetic Dentistry

**An Affiliate of the
American Academy of
Cosmetic Dentistry*

*Mission: To empower the Cosmetic Dentists and Cosmetic Laboratory Technicians of
New England with the skills and knowledge to satisfy the growing public demand
for excellence in cosmetic dentistry.*

MEMBERSHIP DUES SEPT 2009-AUG 2010

Name: _____ DDS DMD
(Please Print Neatly)

_____ New Member _____ Renewing Member

Address: _____

Phone: _____

Email: _____

NEACD dues are \$150.00 and due by September 1, 2009.

___ Enclosed is my check for \$150.00. ___ I prefer to pay by credit card.

Type of card (We accept MasterCard or Visa) MC Visa

Credit card number _____ Expiration date _____

___ I authorize the NEACD to automatically renew my membership yearly on my credit card.

Total amount by check or charged _____

Signed: _____ Date: _____

Please fill out form completely and send to:

Dr. Michele Salonia
955 South Main Street
Middletown, CT 06457

Fax: (860) 704-0239
E-Mail: msalonia@sbcglobal.net

Thank you!
Welcome to the NEACD.
We look forward to seeing you at our Annual Meeting in October.