



WHITECAP ACADEMY OF IMPLANT DENTISTRY MEMBERSHIP APPLICATION FORM

PLEASE TYPE OR PRINT

NAME _____ DATE _____

AS YOU WISH IT TO APPEAR ON MEMBERSHIP CERTIFICATES, LISTING, ETC.

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LICENSE #

COUNTRY OF LICENSURE

AGD #

DEGREES

<input type="checkbox"/> GENERAL DENTIST	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SPECIALTY

BOARDED?

PRIMARY ADDRESS FOR MEMBERSHIP WEBSITE LISTING & MAILINGS: OFFICE HOME

OFFICE					
	PRACTICE BUSINESS NAME				
	ADDRESS	CITY	STATE	ZIP	COUNTRY
PHONE	FAX				
	WWW.				
EMAIL ADDRESS	WEB ADDRESS				

HOME					
	ADDRESS	CITY	STATE	ZIP	COUNTRY
	PERSONAL EMAIL ADDRESS		PHONE CELL		BIRTHDATE

EDUCATION			
	DENTAL SCHOOL NAME OF COLLEGE/UNIVERSITY	GRADUATION DATE	DEGREE(S)
GRADUATE NAME OF COLLEGE/UNIVERSITY	GRADUATION DATE	DEGREE(S)	

EXPERIENCE IN IMPLANT DENTISTRY LESS THAN 10 CASES 25-50 CASES 100+ CASES

WHERE DID YOU HEAR ABOUT WCAID?

<input type="checkbox"/> EMAIL	<input type="checkbox"/> INTERNET	<input type="checkbox"/> DIRECT MAIL	<input type="checkbox"/> PUBLICATION	<input type="checkbox"/> COURSE _____
<input type="checkbox"/> MEMBER REFERRAL (SPECIFY) _____	<input type="checkbox"/> OTHER _____			





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ANNUAL WCAID MEMBERSHIP EXCLUSIVE BENEFITS:

- 10% OFF ANY WHITECAP COURSE **INCLUDING THE SUMMIT**
- QUARTERLY "WHITECAP RECAP" PUBLICATION HIGHLIGHTING:
 - CLINICAL CASES
 - UPDATES IN IMPLANT DENTISTRY
 - UPDATES IN IMPLANT PRODUCTS
- ADVANCED CREDENTIALING OPPORTUNITIES
 - FELLOWSHIP
 - MASTERSHIP
 - DIPLOMATE
- "LIFE LINE" **FULL ACCESS IMPLANT SUPPORT WITH WHITECAP DOCTORS**
- MEDIA PACKET **TO HELP IDENTIFY YOU TO YOUR PATIENTS AS A WCAID MEMBER**
- MEMBERSHIP CERTIFICATE
- MEMBERSHIP DIRECTORY

MEMBERSHIP FEE: \$295

Payment by: <input type="checkbox"/> CHECK (payable to WhiteCap Institute) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS
NAME _____
CARD NUMBER _____ EXP DATE ____/____/____ CVV _____
SIGNATURE _____ DATE ____/____/____

Please ensure that application is sent through a carrier that will expedite, safely deliver and guarantee delivery.

RETURN APPLICATION FORM & DUES TO:

WhiteCap Institute
Attention:WCAID
380 E 1500 S, ste 205
Heber City, UT 84032
or Fax: (435)709-3079

QUESTIONS? (435)657-2105

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