

# OREGON ACADEMY OF PEDIATRIC DENTISTRY

AAPD State Unit



## Membership Registration Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_OR\_\_\_\_\_

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: \$0.00

**If member of AAPD, OAPD dues will be collected by AAPD**

**If non-AAPD member, please send form and check payable to OAPD - c/o Dr. Josef Lubisich 300 SE 120th Ave. Suite 100 Vancouver, WA 98683**

**For any further information contact Patty Peirano at [dra.peirano@hotmail.com](mailto:dra.peirano@hotmail.com)**