

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 info@oapd.org