



DENTAL OFFICE MANAGERS OF

San Diego County

**PLEASE PRINT**

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

Practice Phone # : \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ DOB (month/day): \_\_\_\_\_

Years in the Dental Field: \_\_\_\_\_ AADOM Member: \_\_\_\_\_ YES \_\_\_\_\_ NO

Please share something about yourself or practice: \_\_\_\_\_

How did you hear about our Chapter? \_\_\_\_\_ Any requests for our Board? \_\_\_\_\_

**Membership Benefits: San Diego Chapter of the American Association of Dental Office Management**

**Our membership fee includes:**

- ▶ 5-7 Formal meetings per year- 1<sup>st</sup> meeting complimentary
- ▶ Certificate for annual memberships received before 2/15
- ▶ Key note speakers for extensive education
- ▶ Round Table Meetings: For personalized growth and skill development
- ▶ Access to sponsors for special deals and discounts
- ▶ Networking through our social media pages and electronic newsletters
- ▶ San Diego Chapter Member of the Year
- ▶ Access of numerous sponsors specific to the needs of office managers
- ▶ Networking with other office managers, administrative teams and local mentorships
- ▶ Discussions of marketing, risk management, human resource, team building and much more
- ▶ Refreshments/ light dinners served
- ▶ Members will be allowed to bring other front office personnel and/or dentist to 1 approved meeting per year
- ▶ Utilize our secure member library (password required). Library features practice management literature and resources, key points discussed from each Chapter meeting, meeting handouts, local events, and more
- ▶ Members will receive a promo code to save over \$65 on AADOM memberships. Note: You do not have to be an AADOM member to join our chapter. However, we **extensively** encourage all of our members to join (AADOM)

Please check one membership option below:

\_\_\_\_\_ **Renewal-** Early Bird Annual Membership from \_\_\_\_\_ **New Membership** -First time members: \$100  
1/1 to 1/31: \$100

\_\_\_\_\_ **Renewal-** Annual Membership from 2/1 to \_\_\_\_\_ **Prorated Membership** - If joining or renewing  
6/30: \$125 after 7/1 to 12/31: \$50

**Mailing address to send your member certificate:**

**This form and payment can be submitted using any of the following methods:**

1. Fax: Tammy Coleman-SDDOM at (858) 487-6717
2. Email: [tlc@sddom.com](mailto:tlc@sddom.com)
3. Mail: Tammy Coleman-SDDOM  
16766 Bernardo Center Dr #212, San Diego, CA 92128

*Please make checks/ CC payable to Dental Office Managers of San Diego County*

**Thank you for becoming part of our San Diego Chapter! Your receipt will be emailed with further membership details.**

Board Use  
Member submitted payment via \_\_\_\_\_ on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Number \_\_\_\_\_

Membership approved by Board Member: \_\_\_\_\_ on \_\_\_\_\_ Receipt Sent: \_\_\_\_\_

Certificate Mailed: \_\_\_\_\_ MISC: \_\_\_\_\_

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date