



Networking dedicated dental office managers together for support, education, and friendship in the Twin Cities and surrounding areas.

Chapter Membership Form

Name: _____

Email Address: _____

Dental Practice Name: _____

Mobile Phone #: _____ Practice Phone #: _____

Practice Software: _____

Type of Practice/Specialty: _____

Are you new to AADOM or TCDEC Chapter? Circle one: new to both or return member
Are you a National Member of AADOM? : Yes or No Date of Renewal:

Topics of Interest that you would like to learn more about:

Speakers you would like to suggest (for example, previous speakers we have had in the past, new speakers we haven't had before)

What goals do you have for our chapter?

Would you be interested in joining our board, if so, what areas of interest do you feel you would like to help in? (membership, sponsorship, social media, planning pop-up events for example)

Please mail this form along with your check for \$175.00 for

one year or \$350.00 for two years to:

Twin Cities Dental Executives Connect or TCDEC

% Emily Doroff

14804 Southcross Ln

Burnsville, MN 55306

Or if you prefer to pay by CC, please email a request to: TCDentalExecutives@gmail.com