



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 \$150.00 for one year or \$275.00 for two years to:

TCDEC

% Heidi Garrard

10354 Mooer Lane

Eden Prairie, MN 55347

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