

AADOM Contra Costa Chapter Registration

Annual Membership fee is due January 29th includes 6 meetings per year

AADOM Contra Costa Chapter yearly dues \$200.00. *You must already be a member of The American Association of Dental Office Managers to join Contra Costa Chapter

Renewing Chapter Mer	mbership	New Chapter Membership		
Name:	DOB:		Date:	
Office: Positio			n:	
Phone:		Fax:		
Preferred Email:				
Food Allergies or Restricti	ons:		_	
Circle the type of members	ship you have:			
AADOM Member				
Payment Information				
Payment Info: Check #	Amount \$			
Payment Type: Visa	MasterCard	AMEX	Discover	
Name on Card		Date		
CC#		Exp Date _	/20	
cvc	_ Total Amount:			

*You will be charged a processing fee of \$7.25 for credit card transactions

Refund and Cancellation Policy: Membership is non-refundable, but may be transferable to another team member. Please email us for details (cccaadom@gmail.com). Membership runs from January 1st. December 31st.

Registration & Payments may be mailed to: