



Contra Costa Dental Connection Membership Form

2026 Annual Membership fee of \$200.00 is due January 27th & includes 6 meetings per year

****To become a preferred member you must already be a member of:
The American Association of Dental Office Management***

Renewing Membership _____ New Membership _____

Name: _____ DOB: _____ Date: _____

Office: _____ Position: _____

Phone: _____ Fax: _____

Preferred Email: _____

Food Allergies or Restrictions:

Circle the type of AADOM National membership you have:

AADOM Member AADOM Lifetime Member FAADOM/ MAADOM/ DAADOM

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 (ccdentalconnection@gmail.com).
Membership runs from January 1st- December 31st.

Registration & Payments may be mailed to:

Contra Costa Dental Connection

1150 Civic Dr Suite 101, Walnut Creek, CA 94596