



Is a Recognised Provider



**(APPLICATION FOR MEMBERSHIP – Active Status)**

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Date: \_\_\_\_\_ Date Received by Admissions Chair: \_\_\_\_\_

Applicant's Complete Name: \_\_\_\_\_ Proposer's Name: \_\_\_\_\_

Applicant's Preferred Name: \_\_\_\_\_ Secondary Proposer's Name: \_\_\_\_\_

Year of Dental Graduation: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Fax No.: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Degree(s), School (s) and Year(s) Obtained: \_\_\_\_\_

Number of Years in Practice: \_\_\_\_\_ G.P. or Specialist (list specialty): \_\_\_\_\_

Other Memberships, Qualifications or History: \_\_\_\_\_

Teaching Experience or Presentations Given: (list additional on reverse if more space required)

Publications (list most pertinent if any): \_\_\_\_\_

Number of CARDP Meetings Attended (indicate which years): \_\_\_\_\_

Proposer's Signature: \_\_\_\_\_

Secondary Proposer's Signature: \_\_\_\_\_

**PLEASE PROVIDE YOUR SPONSOR'S LETTER OF  
RECOMMENDATION WITH THIS APPLICATION!**

**APPLICATION FORM ONLINE @ [www.cardp.ca](http://www.cardp.ca)**