



**Member Contribution Form**

**✓ Check your choices, sign below and return by Fax - (418) 658-5393**

**I wish to join the Management Team of our Journal:**

**Specify -**  **Liaison with Academia**

**Liaison with Dental Research**

**Liaison with the Dental Industry**

**Liaison with other Dental Publications**

**Liaison with Regulatory Authorities**

**Liaison with CARDP's Annual Meeting Chairs**

**Liaison with CARDP's Website**

**Other** \_\_\_\_\_

**I wish to join the Journal's Editorial Board:**

**Specify -**  **As Associate Editor**

**As Section Editor (mention topics \_\_\_\_\_)**

**As a Scientific Reviewer (mention topics \_\_\_\_\_)**

**I wish to submit an article to the Journal:**

**Specify -**  **Topic** \_\_\_\_\_ **Date** \_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_