

**Colorado Springs, CO AADOM Chapter Membership Application**

**also known as DPMG (Dental Practice Management Group)**

\*You must be registered as a national member prior to registering as a local member\*

First & Last Name Title

Name of Dental Practice

Practice Address

City State Zip

Office Phone Fax

Mobile Phone ☐ Yes, I would like to receive AADOM messages

Email Address

Practice Website Referred to local chapter by

**Payment Information**

The dues for this year are $100 and can be paid one of two ways:

Click <https://www.paypal.com/invoice/p/#87XWC8HBCZ7ATPY3> to pay via PayPal.

If you don’t have a PayPal account, please provide the following to allow us to process your payment:

☐ AMEX ☐ VISA ☐ MasterCard ☐ DISCOVER

Name on CC Exp. Date (MM/YY)

Credit Card# Zip Code Security Code

Signature Date

☐ The credit card above is a Practice credit card ☐ The credit card above is a personal credit card

Please mail application and payment (if applicable) to 2430 Research Parkway, #200 Colorado Springs, CO 80920