

**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