

RETURN FULLY COMPLETED

Membership Administration, Ontario Dental Association
4 New Street, Toronto, Ontario M5R 1P6
Tel: 416-922-3900 • Toll Free: 1-800-387-1393
Fax: 416-922-4244 • Email: member@oda.ca

PLEASE PRINT CLEARLY

First Name: _____ Middle Name: _____
Last Name: _____ Membership ID# (if known): _____

*Please let us know whether your **Preferred** contact information is your **Office or Home**, for your mailing address, telephone number, fax number and email address. For additional addresses, please provide separately.*

Office Address: ☐ Preferred

Practice Name (If Applicable): _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Website: _____

Office Telephone Number: _____ ☐ Preferred
Office Fax Number: _____ ☐ Preferred
Office Email Address*+: _____ ☐ Preferred

Home Address: ☐ Preferred

Address: _____
City: _____ Province: _____ Postal Code: _____
Home Telephone Number: _____ ☐ Preferred
Home Fax Number: _____ ☐ Preferred
Home Email Address*+: _____ ☐ Preferred

All new members **MUST** complete the section below. Current members update if required.

☐ Male ☐ Female Date of Birth: (DD/MM/YYYY) ____/____/____
Certificate of Registration # _____ Date Received (DD/MM/YYYY) ____/____/____ Specialty: _____
Name of University: _____ Country/Province: _____ Grad Year: _____
If you did not attend an **Ontario University**, which of the following programs did you complete?
An Accredited Dental Program or Qualifying/Degree Completion Program ☐
The NDEB Equivalency Process ☐

*The ODA's preferred method of communication with members will be through email. + Please refer to "Your email address" in the ODA Privacy Statement.

PRIVACY: The information collected on this form will be used by the ODA for the purpose of processing your membership and for purposes outlined in the ODA's Privacy Statement for ODA Members and ODA Prospective Members, and for no other purpose. The ODA is committed to protecting the privacy of your personal information. For more information about the ODA's management of personal information, or the ODA's use and disclosure practices, see the ODA's privacy policy posted on our website: www.oda.ca or contact the ODA's Chief Privacy Officer or any Member Services Representative by calling 1-800-387-1393 or 416-922-3900, or by email at info@oda.ca, or by fax to 416-922-9005.

JUNE 1, 2017 – MAY 31, 2018

ACTIVE

Dentists who have a current *Certificate of Registration* to practise dentistry in Ontario and are in good standing with the Association are eligible to be classified as Active Members.

SALARIED

Dentists who are otherwise eligible to be classified as Active Members of this Association and hold salaried positions wherein they are employed by government or a teaching faculty in which a minimum of eighty (80) percent of their employment time is devoted to such positions may apply to become Salaried Members.

AFFILIATE

Dentists who reside outside the province of Ontario, but would meet the eligibility requirements to obtain an Ontario *Certificate of Registration*, or dentists who have a current *Certificate of Registration* to practise dentistry in Ontario but do not practise in Ontario and reside outside the province, following application shall be classified as Affiliate Members of this Association.

CANADIAN FORCES

Dentists who are otherwise eligible to be classified as Active Members of this Association and are serving in the regular forces of the Canadian Forces may apply to be classified as Canadian Forces Members.

FIRST YEAR NEW DENTIST – 2017 Grad NO CHARGE

Dentists may apply for membership in this category once in their career, in the first membership year following the date of their initial registration to practise dentistry in Ontario, or following the date of their registration as a specialist in Ontario or immediately following a residency program.

SECOND YEAR NEW DENTIST – 2016 Grad

Following their membership as First Year New Dentist members, dentists may apply for membership in this category.

POST GRADUATE STUDENT/ INTERN/RESIDENT

Dentists who qualify for registration in Ontario and are participating in full-time post-graduate studies, internships, or residency programs may apply for membership in this category.

PART-TIME/SEMI-RETIRED/REGISTERED/RETIRED

Dentists who hold a current *Certificate of Registration* to practise in Ontario and who work reduced hours of less than 800 hours/year and earn net professional income of \$74,975 or less annually, or are retired (but still registered) may apply for membership in this category. The granting of this status shall be at the discretion of the Membership Services and Programs Advisory Committee.

NON-REGISTERED RETIRED

Dentists who no longer hold a current *Certificate of Registration* to practise dentistry in any jurisdiction but would otherwise be registered in good standing with the Royal College of Dental Surgeons of Ontario and who are not eligible for 50 Year Membership category may apply for membership in this category.

PARENTAL

Active members may apply to the Membership Services & Programs Advisory Committee to become Parental Members should they be absent from their practices for a period of four (4) to twelve (12) months to provide care for a new child. The granting of this status shall be at the discretion of the Membership Services and Programs Advisory Committee and for the maximum of one membership year, for each parental leave period, at any given time.

Any dentist whose *Certificate of Registration* has been suspended based on behaviour not fitting with the ODA Code of Conduct may be denied membership at the discretion of the Membership Services and Programs Advisory Committee.

How to Reach Us:

Ontario Dental Association
4 New Street
Toronto, Ontario M5R 1P6
Tel: 416-922-3900
1-800-387-1393
Fax: 416-922-4244
Email: member@oda.ca

PLEASE NOTE: Only Members who hold a current *Certificate of Registration* and reside and/or practise in Ontario are eligible to vote and hold office.

MEMBERSHIP CATEGORY SELECTION FORM

JUNE 1, 2017 – MAY 31, 2018

PLEASE CHOOSE A CATEGORY BELOW

Name:		Membership ID # (if known):			
ODA Category	Dues	HST	Total	Deferred Payment	
Active	\$1,789.00	\$2,32.57	<input type="checkbox"/> \$2,021.57	<input type="checkbox"/> \$175.24*	
Affiliate (must be in good standing with dental regulator in your province and do not live OR practice in Ontario)	\$1,073.00	\$139.49	<input type="checkbox"/> \$1,212.49	<input type="checkbox"/> \$107.82*	
Salaried (80% of my employment is at _____ (government / teaching facility) _____)	\$1,073.00	\$139.49	<input type="checkbox"/> \$1,212.49	<input type="checkbox"/> \$107.82*	
Canadian Forces	\$1,073.00	\$139.49	<input type="checkbox"/> \$1,212.49	<input type="checkbox"/> \$107.82*	
Non-Registered Retired	\$483.00	\$62.79	<input type="checkbox"/> \$545.79	<input type="checkbox"/> \$52.26*	
Second Year New Dentist (Graduated in 2016)	\$895.00	\$116.35	<input type="checkbox"/> \$1,011.35	<input type="checkbox"/> \$91.06*	
Post-Grad/Intern/Resident The dental program I will be enrolled in is: _____ OR The facility at which I will be a Resident is: _____ The program dates between June 1, 2017 and May 31, 2018 are: Start: _____ End: _____ <input type="checkbox"/> I will OR <input type="checkbox"/> I will NOT be practicing dentistry while completing studies/residency.	\$162.00	\$21.06	<input type="checkbox"/> \$183.06	n/a	
<input type="checkbox"/> Part-time <input type="checkbox"/> Semi-Retired <input type="checkbox"/> Registered Retired** Eligibility under this category is based on working 800 Hours or less annually AND earning Net Professional Income (NPI) of \$74,975 or less, as of your last fiscal year. <input type="checkbox"/> Yes I meet both of the above. If you do not meet the above criteria, please select another category or provide additional information along with this renewal.	\$1,073.00	\$139.49	<input type="checkbox"/> \$1,212.49	<input type="checkbox"/> \$107.82*	
Parental This category is available to members who are absent from their practices for a period of four (4) to twelve (12) months . My leave begins: _____/_____/_____ and ends: _____/_____/_____ mm yyyy mm yyyy	\$1,073.00	\$139.49	<input type="checkbox"/> \$1,212.49	<input type="checkbox"/> \$107.82*	

1. Full Payment

☐ **CHEQUE ENCLOSED** (payable to Ontario Dental Association) DEBIT

☐ **MY CREDIT CARD** (authorized signature below)

☐ **VISA** ☐ **MASTERCARD** ☐ **AMERICAN EXPRESS** Credit Card #: _____ Expiry Date: ____/____/____
mm yyyy

Name on Card: _____ Authorized Signature: _____

2. Deferred Payment (See reverse for details)

☐ **DEBIT MY CREDIT CARD** (authorized signature below)

I hereby authorize the ODA, its agents or designated financial institution(s), to obtain monthly membership dues, instalments thereof and any charges authorized by this agreement from bank/trust company account or credit card as indicated on the first day of each month, starting in June. I will notify the ODA of any changes on my authorized account or credit card. I certify and agree that the account referred to is in good standing and with sufficient funds to cover the cost of pre-authorization payments (PAP) and any other charges as they become due. **Should I become a member after June 1st, the first payment debited against my account will include all months missed from June 1st.** Subsequent payments will be debited on the first of each month thereafter. The ODA has the right to reject and/or terminate any payment method as set out on this application at its own discretion upon written notice to the member.

*** There is an annual \$72.00 Administrative Fee added to all deferred payments to cover bank processing charges. HST is applied to both the Membership Dues amount and Administrative Fee.**

**** On occasion additional financial information may be required.**

HST #: 108090945RT0001

PRIVACY: The information collected on this form will be used by the ODA for the purpose of processing your membership and for no other purpose. The ODA is committed to protecting the privacy of your personal information. Our privacy policy and further information regarding the collection, use and disclosure of personal information can be viewed at www.oda.ca or by contacting our Chief Privacy Officer: Tel: 416-922-3900 or 1-800-387-1393 (within Ontario); email: info@oda.ca; Fax: 416-922-9005.

AMP001 – May 2017

Why does the ODA have a Corporate Privacy Policy?

The ODA values your privacy and is committed to protecting your Personal Information with safeguards appropriate to the sensitivity of the information. Our privacy policy puts our current practices into writing, and applies to all ODA Dentists' Personal Information, which the ODA possesses and uses to provide you with its many services. The ODA is committed to complying with all statutory obligations regarding the collection, use and disclosure of Personal Information as set out in the federal statute, the Personal Information Protection Act (PIPEDA).

What do we mean by Personal Information?

Personal Information means information about an identifiable individual, including information that identifies you or helps others identify you, such as your Social Insurance Number, date of birth, home address, ODA membership ID, membership status, and fee guide password. Personal Information does not include public information such as your job title, business address or telephone number that is found on the Internet or in publications like telephone or professional directories.

What types of Personal Information does the ODA collect?

The ODA collects a variety of information to be able to provide benefits and services to its ODA Dentists. In addition to the information collected on the Membership Application/Renewal form including contact information such as telephone numbers and email addresses, and depending on the category of membership, the ODA may collect some or all of the following information:

- Political contacts
- Retirement date
- Date of birth
- Information about income for membership in reduced fee categories and the administration of our Benevolence Program
- Medical information voluntarily provided by you or a third party to support a request for assistance through our Benevolence Program or Extended Health Care (EHC) insurance
- Volunteer and work history, and any other information you or a third party may voluntarily provide on your CV, Volunteer Information Form and/or Honours and Awards Nomination Form, such as educational experience, birthplace, references, awards history, family information
- Names of family members covered by the Extended Health Care (EHC) insurance
- A declared conflict of interest

For what purpose(s) does the ODA use the information it collects?

The ODA may use the Personal Information it collects for purposes such as:

- To send out membership renewal information, process payments and issue receipts
- To provide ODA Dentists with the "Ontario Dentist" (journal) and other information and communications
- To offer and provide benefits, products, services and programs [e.g. CDSPI's Retirement Savings Program (RSP), EHC Program] to ODA Dentists
- To administer the Honours & Awards program
- To conduct ODA Dentist surveys and research
- To track calls for trends and follow-up
- To generate aggregate demographic statistic reports of ODA Dentists and to create maps illustrating dental practice locations
- To conduct ODA and Component Society business (e.g. committees, volunteer activities, nominations, elections, meetings, continuing education, research surveys, marketing, lobbying and networking)
- To respond to your inquiries
- To administer the ODA Mediation Program, with personal information such as a CV being received through a third party via the Honours and Awards Nomination Form.
- To provide ODA Dentists with mailings, broadcast faxing and email services required to conduct ODA business
- To enter into strict contractual agreements with companies for the provision of products, services and programs to ODA Dentists, such as
 - the companies and organizations that provide ODA Dentist affinity / member discount programs and services
 - the company that offers the Office Verification Stamp to ODA Dentists
 - companies that support government relations activities
 - the ODA membership database service provider for the purposes of maintaining and testing the ODA membership database
 - companies that provide off-site registration for the Annual Spring Meeting
 - professional survey organizations and research companies retained by the ODA under a contractual agreement to conduct surveys such as the annual economic survey, and to poll ODA Dentists on attitudes and opinions
- To require Marketers/Telemarketers to contact ODA Dentists for the express purpose of renewing ODA memberships or recruiting dentists and dental students on behalf of the ODA.
- To communicate with and assist your staff/agents who contact the ODA on your behalf for the purpose of providing you with information about certain products or services that are available to ODA Dentists or are a benefit of ODA membership. However, we will not disclose to your staff/agents your personal or confidential information, nor will they be permitted to change your Personal Information on file at the ODA.
- To publish your office address, telephone information and specialty in the ODA directory to be used as a reference guide for ODA Dentists and for patient referrals.

What information does the ODA collect on prospective ODA Dentists?

The information that the ODA maintains on dentists who are not ODA Dentists is limited to information that is available in the public domain, such as information available to the public from the RCDSO and any other information provided by the prospective ODA Dentist at the time of prior membership application or renewal.

When and to whom does the ODA disclose Personal Information?

The ODA does not sell any Personal Information to anyone for any purpose. The ODA does not disclose the Personal Information it collects to third parties for any purpose, other than the following exceptions:

- The ODA provides the ODA Dentist's practice contact information to members of the public requesting referrals, either over the telephone or through the ODA website's "Find a Dentist" portal, unless the ODA Dentist expressly requests otherwise
- For those dentists expressly requesting to participate in the ODA's listing of placements, locums, employment opportunities for associates and staff, and dental practice purchase and sale opportunities
- Members of the public have access to the ODA website to determine whether a dentist is an ODA Dentist, for the purpose of determining eligibility for participation in programs such as the ODA Mediation Program
- For program offers limited to ODA Dentists, the ODA will provide a list of current ODA Dentists that includes the membership ID and preferred address to the companies providing the offers, for confirmation of eligibility only
- The ODA will publish in "Ontario Dentist" and other publications, information about the achievements and activities of ODA Dentist volunteers
- The ODA provides the Canadian Dental Association (CDA) with data on Ontario dentists
- We also provide demographic information to other dental organizations and regulatory bodies (e.g. RCDSO, CDSPI, Specialty Societies and the Toronto Academy of Dentistry) only for the purpose of conducting association business
- The ODA may disclose your contact information to other ODA Dentists
- We also provide your name, address, volunteer position and specialty to AccertaClaim Servcorp Inc. (Accerta, the ODA's wholly owned subsidiary) to provide you with information about the development and progress of Accerta and for the marketing of Accerta
- We provide information relevant to component society business to volunteer ODA Dentists working on behalf of the Component Society
- To research consultants for the purpose of conducting ODA Dentist surveys
- As part of their privileges, ODA Dentists may request and access the ODA membership list and/or labels in accordance with the ODA Policy on the Distribution of Membership Contact Information
- Years of ODA membership is made "public" for the ODA's and Component Society's anniversary awards program
- For those ODA Dentists in the EHC program, information is provided to our EHC provider, Great-West Life
- To provide the Fee Guide Password to the dental office staff where the ODA Dentist practices
- For the purpose of administering the Honours and Awards program information may be disclosed to the Honours and Awards Committee to determine eligibility for an award

ODA Staff have access to Personal Information to perform their duties on behalf of ODA Dentists. For instance, credit card information for payment of membership dues is only available to staff who process membership payments and Personal Information provided for Extended Health Care (EHC) purposes is only available to staff who manage the EHC program. Home address and telephone information is only used by the ODA to carry out ODA business, or if the ODA Dentist has requested that certain types of information or services be directed to their home address.

What if you object to the ODA's collection, use or disclosure of Personal Information?

We want you to understand the purposes for which we collect, use and disclose Personal Information and to be sure that we have your consent to continue to collect, use and disclose your Personal Information for those purposes. A decision to renew your membership or to join the ODA constitutes consent to the collection, use and disclosure practices described in this statement. You may, subject to legal restrictions required by law, withdraw your consent to the further use or disclosure by ODA for some or all of the purposes identified. Contact the ODA to note any objections. Limitations to the use and disclosure of Personal Information may impact the services available to you.

How accurate is the Personal Information held by the ODA?

The ODA makes every reasonable effort to ensure that the information we maintain is accurate and up to date. Your Personal Information is subject to change so please advise us of such changes so that we can continue to provide communications and services and generate the statistics that are important in responding to membership concerns.

How secure is your Personal Information?

The ODA makes every reasonable effort to protect your Personal Information. The ODA only collects information about changes to your demographic information directly from you or someone authorized by you.

How long does the ODA retain your Personal Information?

The ODA's policy is to retain Personal Information only as long as is necessary to fulfill the purposes for which it is collected. Generally, information collected for accounting and financial purposes will be retained for a period of at least 7 years. Data collected regarding each ODA Dentist will be retained indefinitely, as it is the ODA's policy to maintain a historical record of its ODA Dentists. Personal Information that is collected for the purpose of administering the ODA Mediation Program will be retained for a period of two (2) years following the conclusion of the mediation, unless there is a reason for retaining the information for a longer period of time.

How do you access the Personal Information held by ODA?

You may send a written request for access to the attention of the Chief Privacy Officer at 4 New Street, Toronto, Ontario M5R 1P6 or email at info@oda.ca. You may challenge the accuracy and completeness of your Personal Information and the ODA will amend it where it is demonstrated that an amendment is required.

What if you have a question or concern about the ODA privacy practices?

You may address any questions or concerns relating to this privacy policy or ODA privacy practices to the Chief Privacy Officer, 4 New Street, Toronto, Ontario M5R 1P6 or email at info@oda.ca or by phone at (416) 922-3900 x2250.

Your email address

The email address you provide to the ODA is used to provide you with general information as well as confidential information such as your password for the ODA web site and to inform you about inquiries made by your staff to the ODA on your behalf, etc. ODA Dentists who share an email address with others accept the risk that confidential information will be accessed by those users.