Contemporary Dental Office Managers of Ohio

Membership Application 2020

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| Member Information |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Member of AADOM: \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO \*(Must have a current membership w/ AADOM to join our Study Chapter)\*

Years in the Dental Field: \_\_\_\_\_\_\_\_\_\_\_\_\_ Whom may we thank for referring you to our group?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Topics of Interest |

Tell us which topics would be of interest to you:

\_\_\_ Insurance \_\_\_ Scheduling and Production \_\_\_ Billing, Collection and A/R \_\_\_ OSHA/HIPAA Compliance

\_\_\_ HIPAA \_\_\_ HR and Staff Management \_\_\_ Stress Reduction in the Workplace \_\_\_ Leadership

\_\_\_ Infection Control \_\_\_ Marketing \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Membership Benefits |  |

Our membership fee includes:

* Certificate of Membership
* Access and participation in a minimum of 5 study club meetings per year
* Access to our private Facebook page
* Refreshments and Dinner at the meetings
* Educational Opportunities provided by speakers, sponsors and peers
* Networking with other Dental Office Managers & Dental Team Members
* Access to numerous sponsors specific to the needs of Dental Office Managers
* Meetings, Live Speakers, Round Table Discussions and more about current situations that Dental Office Teams are facing on a daily basis
* CE credits towards AADOM Continuing Education with possibility of PACE/AGD CE Credits

**\*Must have a current membership with AADOM to join Contemporary Dental Office Managers of Ohio Study Chapter**

To join AADOM, please visit [www.dentalmanagers.com](http://www.dentalmanagers.com)

Your AADOM membership fee DOES NOT include your membership fee for this Study Chapter of AADOM

Please choose membership option below:

**\_\_\_\_Prorated Membership Fee (if joining after 7/1 to 12/31) $65**

**\_\_\_\_Annual Membership Fee from 1/1 to 12/31 $125**

Local Study Chapter Membership fees are paid **annually** and will start on the date of payment received. A month notice will be given prior to renewal date if you would like to continue your membership with CDOMO.

Payment: Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or You may also pay online by visiting: [www.ohiodentalmanagers.com](http://www.ohiodentalmanagers.com)

CC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_\_\_\_ CV:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Check payable to: **Contemporary Dental Office Managers of Ohio**

Attn: Krista Smith, 39 Clairedan Drive, Powell, OH 43065

Or fax application to: 614.436.6055 / email: [ohiodentalmanagers@yahoo.com](mailto:ohiodentalmanagers@yahoo.com)

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| Membership approved by Board Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_  Date Payment Processed: \_\_\_\_\_\_\_\_\_\_\_Membership start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership End Date: \_\_\_\_\_\_\_\_\_\_\_ |