

New Jersey Equine Dental Providers Association

Membership Application:

Applicant's Name: _____

Address: _____

Phone #: _____ **Mobile #:** _____

Email: _____

Website: _____

Do you want your website listed on the NJEDPA website? Yes/No?: _____

Date of Birth: _____

Education: (Members and Accredited Members Only)

High School/GED: _____

College/University: _____

Graduate: _____

Equine Dental Provider Certification: _____

Years of Practice: _____

Average Number of Horses Seen per Year: _____

Which Membership Class you are applying for? Member, Accredited Member or Sponsor.

(If applying for Accredited Membership, please include a copy of current IAED or EDPA Certification)

Membership Class: _____

Annual Membership for Member/Accredited Member is \$125.00. Sponsor is \$10+ annually

**Annual Membership Renewal Fee is due by January 1st of each year .*

Payments can be made at our website, NJEDPA.com using a Credit Card or

Make checks payable to NJEDPA and mail to the address below.

Applicant Signature: _____ **Date:** _____

New Jersey Equine Dental Providers Association,
PO Box 517, Ringoes, NJ 08551. Tele: 908.310.2619