

## Denturist Association of Canada DACnet<sup>TM</sup> Renewal Form PLEASE SUBMIT THIS FORM WITH YOUR DACnet RENEWAL PAYMENT

No change	OR	Indicate changes below <b>□</b>
Denturist Name :		
Clinic Name :		
Address :		
Province :	Postal Code	
Telephone :	Fax	
Office email :		
Denturist email :		
Software Supplier :		
I am a member of my Prov	incial Association :	YES NO
If YES, please indicate wh	ich Provincial Association of T	he DAC:
The DAC Member Renew	al Fee *- \$ 150.00 CDN <b>plus (</b>	GST or HST
* A member in good standing Denturist Association of Can		nturist association which is a member of The
Non-Member Renewal Fe	e- \$ 650.00 CDN plus GST or	·HST
GST or HST rates 5 %: Alberta, British Colur and Nunavut 13 %: Ontario	nbia, Manitoba, Quebec, Sask	ratchewan, Yukon, Northwest Territories

FAX: 1-613-902-2840

EMAIL: dacnetedi@gmail.com

15 %: New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island

You may also send your renewal form by fax or by email.