

NCAVAD MEMBERSHIP FORM: NEW AND RENEWAL APPLICANT

Name _____ DDS/DMD/Others _____ Year Graduated: _____

Address: _____ City _____ Zip _____

Email: _____ Telephone: _____ Fax: _____

License Number: _____

Annual Membership Dues: \$100 (January 1 to December 31)

**Submit Payment & Form Payable to: NCAVAD/Membership Dues
P.O. Box 32921
San Jose, CA 95132**

A COMMITMENT OF GIVING BACK

NCAVAD will continue to participate in the Vietnamese Community Health Events and to build stronger ties in the community that has given us so much. We are in the initial planning stage to create an endowment fund for scholarships that will benefit and encourage young Vietnamese students with academic potentials and need of financial aid. Thus, your active involvement and contribution will play a key role in the success of NCAVAD as we push forward in our plan to bestow scholarship support to the Vietnamese Community. *We encourage your ideas and donations!*

Your contribution is essential for future academia. To show our appreciation and help facilitate others to give, we will acknowledge contributors in future publications for your generous gift.

YES, I like to make a gift to the **Endowment Fund for Scholarship.**

NCAVAD SCHOLARSHIP Endowment Fund Contribution

Name _____

Address _____

City _____ State _____ Zip _____

NCAVAD Scholarship
Endowment Contribution: \$ _____

Member _____ Non-Member _____

Thank you for your commitment to dental sciences. Contributions to the NCAVAD Scholarship Fund are deductible as charitable donations for federal income tax purposes. Your endowment will be acknowledged in the *Quarter Newsletter*.

Mail To: NCAVAD
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San Jose, CA 95132

Check Number: _____
Date: _____
Signature: _____