



**Premier Dental Office Managers of Iowa
Membership Application 2020**

Member Information

Name: _____ Job Title: _____
Email: _____ Phone: _____
Practice Name: _____
Address: _____

Member of AADOM: ____ YES ____ NO (Must be a member of AADOM to be a member of this group)

Whom may we thank for referring you to our group? _____

Membership includes:

- Certificate of membership
- Access and participation in a minimum of 4 meetings per year
- Refreshments and dinner at the meetings
- Educational opportunities provided by speakers and peers
- Networking with other dental office managers and dental front desk personnel
- Access to numerous sponsors specific to the needs of office managers
- Discussions of marketing, ways to increase profitability, risk management, human resources, team building, billing and collections, HIPAA and much more

Please choose membership option below:

____ Prorated Membership Fee (if joining after July 1st to December 31st) \$50

____ Annual membership Fee (from January 1st to December 31st) \$100

Mail check payable to: Premier Dental Office Managers of Iowa
Attn: Chavelle Rice, 2008 NW 157th Street, Clive, IA 50325