

Equine Dental Providers of America

2305 S. Day Street
Brenham, Texas 77833
www.EDPAonline.org

Membership Application:

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Website: _____

Date of Birth: _____

Education:

High School/GED: _____

College/University: _____

Graduate: _____

Equine Dental Provider Certification: _____

Years of Practice: _____

Average Number of Horses Seen per Year: _____

Have you ever been denied or banned membership in another like organization?

If Yes, Reason? _____

Annual Registration Fee is \$125.00.

**Membership renews on the month of initial registration.*

Method of Payment:

Check: Make checks payable to EDPA and mail to the address above.

Credit Card: Card type: _____

Card #: _____

Security Code: _____ Exp. Date: _____

Billing Zip: _____

Pay Pal: Registration@EDPAonline.org

Applicant

Signature: _____ **Date:** _____