



Equine Dental Providers of America
2305 S. Day St
Brenham, Tx 77833
office@edpaonline.org

Membership Application:

Name: _____

Address: _____

Phone: _____ CELL _____ or HOME _____

Email: _____

Website: _____

Date of Birth: _____

Education:

High School/GED: _____

College/University: _____

Graduate School: _____

Apprenticeships: _____

Years of Practice: _____

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

If Yes, Reason? _____

Have you ever had a grievance or a cease and desist filed against you?

If Yes, Reason? _____

Applicant Signature: _____ **Date:** _____

Annual Registration Fee is \$125.00

****Membership renewal is on the month of initial registration**

Please submit this Application Form to Kristina Rector, Membership Director, at office@EDPAonline.org **WITH**

Credit Card payment to be paid online at: www.EDPAonline.org, click on the Contact Us/Payment page

OR

Mail Application Form with a check payable to EDPA and Mail to: **2305 S. Day Street Brenham, TX 77833**