



## DACnet™ Renewal Form

**PLEASE SUBMIT THIS FORM WITH YOUR DACnet RENEWAL PAYMENT**

No change

OR

Indicate changes below

Denturist Name : \_\_\_\_\_

Clinic Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

Province : \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

Office email : \_\_\_\_\_

Denturist email : \_\_\_\_\_

Software Supplier : \_\_\_\_\_

I am a member of my Provincial Association : YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please indicate which Provincial Association of The DAC:

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

FAX : 613-902-2840

EMAIL : [dacnetedi@gmail.com](mailto:dacnetedi@gmail.com)

Provincial GST/HST Table	
Alberta, British Columbia, Manitoba, North West Territories, Nunavut, Saskatchewan, Quebec & Yukon	5%
Ontario	13%
Nova Scotia	14%
New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island	15%

\*A member in good standing of a provincial or territorial Denturist association which is a member of The Denturist Association of Canada.

\*A fee of \$75.00 will be assessed for any NSF cheque payments.

\*Renewals are due upon the last day of the month, if renewal is received after this date without contacting the DACnet office it will be considered a new subscription with the appropriate rates applied.

66 Dundas Street East, Unit D, Belleville, ON K8N 1C1

Tel. 1 877 538-3123 / Fax 613 902-2840

[dacnetedi@gmail.com](mailto:dacnetedi@gmail.com)



**PAYMENT ENCLOSED**

<b>Registration Year</b>	<b>Principle Cost</b>	<b>GST/HST</b>	<b>Total</b>	<b>Payment Enclosed</b>
The DAC Member*	\$380.00			
Non-Member	\$880.00			

<b>Renewal Year</b>	<b>Principle Cost</b>	<b>GST/HST</b>	<b>Total</b>	<b>Payment Enclosed</b>
The DAC Member*	\$180.00			
Non-Member	\$680.00			

Enclosed is my cheque in Canadian funds, payable to The Denturist Association of Canada.

Payment is by e-transfer (sent to [dacdenturist@bellnet.ca](mailto:dacdenturist@bellnet.ca). Please put subscribers name in note field)

Payment is by credit card (complete information below)

Card #: \_\_\_\_\_ CVV \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

I would like to be enrolled in the automatic renewal program for my DACnet™ Subscription and hereby authorize that my renewal payment will automatically be processed on my credit card annually in accordance with my renewal period. I understand and agree that this will continue until I contact the DACnet™ office directly to cancel the automatic payment.

Authorization Signature: \_\_\_\_\_

**MAIL, FAX OR EMAIL APPLICATION, INCLUDING PAYMENT TO:**

**DACnet™**  
**66 Dundas Street East, Unit D**  
**Belleville, Ontario K8N 1C1**  
**Telephone: 613-968-9467 / 1-877-538-3123**  
**Fax: 613-902-2840**  
**Email: [dacnetedi@gmail.com](mailto:dacnetedi@gmail.com)**