



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:

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

FAX : 613-902-2840

EMAIL : dacnetedi@gmail.com

Provincial GST/HST Table	
Alberta, British Columbia, Manitoba, North West Territories, Nunavut, Saskatchewan, Quebec & Yukon	5%
Ontario	13%
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, Belleville, ON K8N 1C1

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

dacnetedi@gmail.com



PAYMENT ENCLOSED

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

Renewal Year	Principle Cost	GST/HST	Total	Payment Enclosed
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. 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
Belleville, Ontario K8N 1C1
Telephone: 613-968-9467 / 1-877-538-3123
Fax: 613-902-2840
Email: dacnetedi@gmail.com

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