

Ohio Dental Expanded Functions Association Membership

The Ohio Dental Expanded Functions Association is a professional organization for EFDA's in Ohio. Organized in 1978, it is the first EFDA association in the United States. Currently ODEFA represents and provides services to over 300 members.

The local components are Cleveland – Youngstown, Columbus, Dayton – Cincinnati, Toledo, and Ohio Valley. When you join ODEFA, your name will be given to the proper local president and you may be contacted about upcoming meetings and CEU's.

There are various committees that need your skills and ambition. Enthusiasm and dedication are valuable to our profession and to our organization. Please join and get involved.

What Membership Provides

State Board members are working all the time to provide the membership with new and innovative perks. Besides a voice in the association, the political arena and in the evolution of our profession, we currently offer many benefits, including:

- 20% discount at participating **Comfort, Quality, Clarion Hotels, Sleep Inns, Econo Lodges and Friendship Inns**. Also included is a special discount rate with Avis.
- Information through our Newsletters.
- Notification and discounts on certain CEU courses and other events.
- Updates concerning changing state laws, duties, professional concerns.
- The Tommasone Annual Award for outstanding accomplishments.
- Linda Gibbens-West Memorial Scholarship for EFDA students.
- Mentoring service for practicing EFDA's and EFDA students.
- Employment Placement Services.
- Salary Survey.
- 20% discount on continuing education offered by Case Western Reserve University.
- Web Page with membership login, message forum with discussion threads, current news updates and much more.
- A state board that speaks for Ohio EFDA's at the Dental Summit, Ohio Dental Workforce Roundtable, OSDB meeting, North Coast Dental Meeting, ODHA Weekends and ODA Annual Session among other dental meetings across the state.

How Do I Join?

Print out the application below. Fill it out and please enclose a check for \$36.
Student memberships are \$15.

Mail the application and your check to:

The Ohio Dental Expanded Functions Association
4619 Hickory Ridge Ave.
Brunswick, Ohio 44212-2531

****Questions?

Contact us using the "contact" button located on the top bar at our homepage, ODEFA.org.

ODEFA MEMBERSHIP APPLICATION ON LINE

- Please indicate if there has been a change in any information since last year

PERSONAL INFORMATION

Last Name _____ First Name _____

Home Address _____ City / Zip _____

Home Phone (w/ area code) _____ E-Mail _____

Social Security (internal use only) _____ Birth Date _____

Spouse's Name _____ Children(s) Names _____

BUSINESS INFORMATION

Employer's Name _____ Address _____

City / Zip _____ Work Phone (w/ area code) _____

Work Fax (w/area code) _____

NEW MEMBER'S ONLY

Where did you take your EFDA training? _____

When did you pass your state exam? _____

STUDENT MEMBERS ONLY

Name of institution you are attending _____

Date of expected completion of the course _____

This application is a : NEW MEMBERSHIP ___ or a RENEWAL ___ (check one)

You're a (n) EFDA ___ Hygienist ___ Student ___ Instructor ___

Other ___ (please state _____)

Make check payable to:

ODEFA

4619 Hickory Ridge Ave.

Brunswick, Oh. 44212-2531

\$36 Active Members

\$15 Student Members

(Add an additional \$5 after June 1st)

Signature _____ Date _____