

# DPG Membership Form



## Contact Information

Practice Name	
Street Address	
City, State, ZIP Code	
Owners Name	
Dentist License #	
Practice Contact Name	
Work Phone	
E-Mail Address	

## Availability – During which day are you typically available for an on-boarding call?

Please circle the best day:

**M T U W T H F**

## Interests – Please tell us which areas you are interested in by circling all that apply:

**Supplies** – All Clinical supplies, Adhesives, Composites, Toothpaste, Varnish, Whitening products, Burs, Implants, Clear Aligners, Dental Labs, Intraoral Scanners, Diode Lasers, Curing Lights, Business Office supplies, Ink/Toner, Handpiece repair, Precious Metal Refinery

**Financial** – Retirement plans, Wealth Mgt., Credit Card processing, Banking, Practice Loans, Accounting, Bookkeeping, Payroll, Collections, UCR analysis, Dental Billing, Credentialing, Ins. Verification, Insurance Negotiation

**Other** – IT, Marketing, Social Media, Websites, SEO, Direct Mail, Patient Communication Software, Practice Mgt software, HR Specialist, Compliance, HIPPA, OSHA, Leadership, Coaching, Training, Hiring, In-house Membership Plans, Other interests? \_\_\_\_\_

## Additional Practice Information (as applicable for multiple locations)

Practice Name	
Street Address	
City, State, ZIP Code	
Owners Name	
Practice Contact Name	
Work Phone	
E-Mail Address	

## Individual Authorized To Initiate DPG Membership

Printed Name	
Date	

*DPG may receive administrative fees from vendors in the network based on the purchases from its members.*

**\*This is an authorization form to become a member of DPG – Dental Purchasing Group**

**Courtesy of the AACD, enjoy your Complimentary DPG membership!**

Please email to [SAJ@DentalPurchasingGroup.com](mailto:SAJ@DentalPurchasingGroup.com) , text a pic to 978-609-4281 or fax to: 978-860-2914