



# ADA<sup>®</sup> MEMBERSHIP APPLICATION

## Personal

Dentist     Dental Student     Previous Member     New Member

ADA Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Office Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Spouse's Name \_\_\_\_\_

## Education

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Type of Degree     D.D.S.     D.M.D.    Date of Specialty License \_\_\_\_\_

Specialty Board Certification \_\_\_\_\_ Date \_\_\_\_\_

License  Presently  Pending    License# \_\_\_\_\_ State: \_\_\_\_\_

Are you currently a full time student?     Yes     No    Dental School \_\_\_\_\_

I hereby apply for membership in my local society, the Arkansas State Dental Association, and the American Dental Association, and resolve to abide by the Bylaws and Code of Ethics and Professional Conduct if accepted into membership.

Applicant's signature \_\_\_\_\_

Please return application to:

Arkansas State Dental Association  
7480 Highway 107  
Sherwood, Arkansas 72120

## Office Use

### Membership Information

Local Society \$ \_\_\_\_\_

District Name \_\_\_\_\_

ASDA \$ \_\_\_\_\_ 1st year \_\_\_\_\_

2nd year \_\_\_\_\_

ADA \$ \_\_\_\_\_ 3rd year \_\_\_\_\_

Student \$ \_\_\_\_\_ 4th year \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ 5th year \_\_\_\_\_

### ASDA Use Only

Application received \_\_\_\_\_

Received with application \_\_\_\_\_

Processed by \_\_\_\_\_

Member packet mailed \_\_\_\_\_

Sent to District \_\_\_\_\_

Returned \_\_\_\_\_

### Component Use Only

Elected

Rejected

By Action \_\_\_\_\_

At a meeting \_\_\_\_\_

Secretary \_\_\_\_\_

Name of Society \_\_\_\_\_