



South Dakota DENTAL ASSOCIATION

A CONSTITUENT OF THE AMERICAN DENTAL ASSOCIATION

Allied Membership Application

804 N Euclid; Ste 103; Pierre SD 57501 • 605-224-9133 • Fax 605-224-9168 email: tia@sddental.org • www.sddental.org

(Please print **or type**) I hereby make application for membership in the South Dakota Dental Association.

Name: _____
(last) (first) (middle)

Date of Birth: _____ Hygienist Assistant Office Manager Office Staff (Circle one)

Home Address: _____
 City _____ State _____
 Zip _____
 Home Phone: _____
 Use as my primary mailing address

Office Address: _____
 City _____ State _____
 Zip _____ County _____
 Office Phone: _____
 Office Fax: _____
 Use as my primary mailing address

Primary Email Address (This is required; your application will be returned without an email): _____

Dental Education Program

School _____ City _____ State _____

Year of Graduation _____

Date of Licensure in South Dakota _____ South Dakota License # _____

Licensed in the following state(s) _____

Personal

Marital Status Married Single

Spouse's Name (include last name if different) _____

Are you interested in volunteering for community presentations, oral screenings, and health fairs?
yes no not at this time

Enclosed is my completed application and
check # _____ made payable to:

Please charge my \$120.00 dues to the following card:
 Visa MC Discover American Express
(please check one)

Card # _____

Expires _____ 3 digit code _____

Name on Card (please print) _____

Signature _____

*South Dakota Dental Association
804 N Euclid; Ste 103
Pierre SD 57501*

**To qualify for free Annual Session registration and reduced fees for other SDDA CE, all applications MUST be received by NO LATER than March 1st of each year..*

(feel free to make copies)