Date:		
Juic.		



## Student Membership Application There is no charge for SDDA Student Membership.

Name (last)	(first)	(middle)	
Summer Address _			
City/State/Zip		Phone	
Fax	E-mail Add	dress	
School Year Mailing	g Address		
City/State/Zip		Phone	
gh School Attended		(state)	Year Grad
re-Dental School (name)		(address)	Year Grad _
ental School(name)			Year Grad _
pecialty		(address)	
	Place of Birth	Spouse's First Name _	
nildren's Names			
	Clubs, Churches, Lodges		
embership in Organizations,	Olubs, Ollufolies, Louges		
ental Student Members fro	om South Dakota: American Student Dental Assoc)? \	Yes No	
	Junior or Senior dental student, tha th an invoice and the SDDA will rei		

## PLEASE COMPLETE THIS FORM AND RETURN TO:

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