

Date: _____



South Dakota
DENTAL ASSOCIATION

Student Membership Application

There is no charge for SDDA Student Membership.

Name _____
(last) (first) (middle)

Summer Address _____

City/State/Zip _____ Phone _____

Fax _____ E-mail Address _____

School Year Mailing Address _____

City/State/Zip _____ Phone _____

High School Attended _____ (state) Year Grad _____

Pre-Dental School _____ (name) (address) Year Grad _____

Dental School _____ (name) (address) Year Grad _____

Specialty _____

Birth Date _____ Place of Birth _____ Spouse's First Name _____

Children's Names _____

Hobbies _____

Political Offices Held _____

Membership in Organizations, Clubs, Churches, Lodges _____

Dental Student Members from South Dakota:

Are you a member of ASDA (American Student Dental Assoc)? Yes _____ No _____

If yes, and you are a Junior or Senior dental student, that is originally from South Dakota, send proof of membership along with an invoice and the SDDA will reimburse you for your ASDA dues.

PLEASE COMPLETE THIS FORM AND RETURN TO:

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