



AFFILIATE MEMBER Application Form

Affiliate membership is available to dentists who are members of the ADA and reside in a state other than Minnesota.

The membership fee for 2011 is \$125.00, payable to the Minnesota Dental Association.

ADA Number _____ - _____ - _____	Social Security Number _____ - _____ - _____
Name _____ Sex M__ F__ Date of Birth ____/____/____	
Office address _____	
City _____	County _____ State ____ Zip _____
Phone Number (____) _____	Fax Number (____) _____
Home address _____	
City _____	County _____ State ____ Zip _____
Phone Number (____) _____	Fax Number (____) _____
Please indicate if you prefer to have mail sent to: Home _____ Office _____	
E-mail address _____	
Dental School _____	Graduation Date ____ / ____
Degree _____	

Please indicate license status:	
____ Presently Licensed, License Number _____	State _____
____ License Pending _____	
<i>(please state reason)</i>	

I maintain my ADA membership through:

<i>(Please indicate State Dental Association)</i>

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

Signature _____ Date ____/____/____

Please return to: Minnesota Dental Association
ATTN: Membership
1335 Industrial Blvd, Minneapolis, MN 55413
(612) 767-8400 (800) 950-3368