



STUDENT AFFILIATE MEMBER Application Form

Affiliate membership is available to Students who are members of ASDA in a state other than Minnesota. The membership fee for 2017 is \$10.00, payable to the Minnesota Dental Association. Please complete all information. Thank you.

ASDA Number _____ - _____ - _____
Name _____ Sex M__ F __ Date of Birth ____/____/____
School 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 _____ School _____
E-mail address _____
Dental School _____
Expected Graduation Date ____ / ____

I maintain my ASDA membership through:

(Please indicate your Dental School District)

I hereby apply for affiliate membership in the Minnesota Dental Association 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: Affiliate Student Membership
1335 Industrial Blvd, Minneapolis, MN 55413
(612) 767-8400 (800) 950-3368
Email: djensen@mndental.org