

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Office \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### This application is for the following membership category:

\_\_\_\_ Active Membership

\_\_\_\_ Affiliate Membership (Non-dentists)

\_\_\_\_ Student Membership  Undergraduate  Postgraduate

Presently attending the following dental school:

\_\_\_\_\_

Projected graduation date: \_\_\_\_\_

### Describe your practice of dentistry:

\_\_\_\_ Private Practice

\_\_\_\_ Military:  Army  Navy  Air Force  PHS

\_\_\_\_ Academic:  Full-Time  Part-Time

University \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

**Study Club Affiliation:** \_\_\_\_\_

### Please tell us how you learned about the Academy:

\_\_\_\_ Professional colleague  Dental school

\_\_\_\_ Website  Operative Dentistry Journal

Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_