



# South Dakota DENTAL ASSOCIATION

A CONSTITUENT OF THE AMERICAN DENTAL ASSOCIATION

## Allied Membership Application

804 N Euclid; Ste 103; Pierre SD 57501 • 605-224-9133 • Fax 605-224-9168 email: tia@sddental.org • www.sddental.org

(Please print **or type**) I hereby make application for membership in the South Dakota Dental Association.

Name: \_\_\_\_\_  
(last) (first) (middle)

Date of Birth: \_\_\_\_\_ Hygienist Assistant Office Manager Office Staff (Circle one)

Home Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Use as my primary mailing address

Office Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Office Fax: \_\_\_\_\_  
 Use as my primary mailing address

Primary Email Address (This is required; your application will be returned without an email): \_\_\_\_\_

### Dental Education Program

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Date of Licensure in South Dakota \_\_\_\_\_ South Dakota License # \_\_\_\_\_

Licensed in the following state(s) \_\_\_\_\_

### Personal

Marital Status Married Single

Spouse's Name (include last name if different) \_\_\_\_\_

Are you interested in volunteering for community presentations, oral screenings, and health fairs?  
yes no not at this time

Enclosed is my completed application and  
check # \_\_\_\_\_ made payable to:

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

Please charge my \$100.00 dues to the following card:  
 Visa  MC  Discover  American Express  
(please check one)

Card # \_\_\_\_\_

Expires \_\_\_\_\_ 3 digit code \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

*\*To qualify for free Annual Session registration and reduced fees for other SDDA CE, all applications MUST be received by NO LATER than March 1<sup>st</sup> of each year..*

(feel free to make copies)