



TRIPARTITE MEMBERSHIP APPLICATION TO:

NATIONAL: AMERICAN DENTAL ASSOCIATION
STATE: TEXAS DENTAL ASSOCIATION

LOCAL: \_\_\_\_\_

Please type or print

Name \_\_\_\_\_ Male o Female o
First Middle Last

ADA Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Office Address \_\_\_\_\_ Telephone \_\_\_\_\_
Street

City State Zip Code FAX \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_
Street

City State Zip Code E-Mail Address \_\_\_\_\_

May we publish your E-Mail address in the directory issue of the Texas Dental Journal? o YES o NO

Primary Address: Home o Office o (Office address is used for component society assignment)

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Dental School \_\_\_\_\_ Degree \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Texas Dental License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

Licenses held in other states: 1. \_\_\_\_\_ License # \_\_\_\_\_
2. \_\_\_\_\_ License # \_\_\_\_\_

Applying as: New Member o Former Member o Grad Student o Transfer o

ADA member: Yes o No o If yes, what state: \_\_\_\_\_

Specialty: \_\_\_\_\_ Board Certified: \_\_\_\_\_ Board Eligible: \_\_\_\_\_ Year: \_\_\_\_\_

Practice limited to: \_\_\_\_\_

Type of Practice: Solo o Group o Associate o Partner o Employee o Federal o Other o

Membership in other professional organizations:

1. \_\_\_\_\_ 2. \_\_\_\_\_

I hereby certify that the information contained herein is true and correct and if subsequently proved incorrect shall be grounds for disapproval and/or removal. I authorize the Component Dental Society membership chairman to seek any information concerning my candidacy for membership in the American Dental Association, the Texas Dental Association and the Component Dental Society and authorize the release of any such information for use in connection with this application to those people who are involved in the membership process.

I certify that I will abide by the Principles of Ethics and Code of Professional Conduct and the Constitution & Bylaws of the ADA, TDA, and Component Society, and that failure to abide by such can result in disciplinary action. I am aware that if my application is not approved, or in the future my membership is rescinded, I can appeal the action.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

For Component Dental Society Use Only

Date Application received: \_\_\_\_\_ Amount received with application: \_\_\_\_\_

Signed Component Judicial Committee Chairman \_\_\_\_\_

Action of the Component Dental Society: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

ALLOCATIONS FROM DUES FOR PUBLICATIONS ARE AS FOLLOWS: AMERICAN DENTAL ASSOCIATION - JADA/\$25, AMERICAN DENTAL ASSOCIATION NEWS \$8, TEXAS DENTAL ASSOCIATION - TDJ/\$12, COMPONENT SOCIETY \$ \_\_\_\_\_

FOR CENTRAL OFFICE USE ONLY

Date application received: \_\_\_\_\_ Amount \$: \_\_\_\_\_ ADA \_\_\_\_\_ TDA \_\_\_\_\_ District \_\_\_\_\_

By: \_\_\_\_\_ Date posted on computer: \_\_\_\_\_

Date Membership Packet Mailed: \_\_\_\_\_