

# Application For Membership

Alliance of the Texas Dental Association

**Please complete and return to:**

Alliance of the Texas Dental Association

C/O Julia Martin

1201 Glenbury Court

Arlington, TX 76006

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell / Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Alliance State and Local Dues \$40**

**Please remit dues with completed form.**

**Thank You For Your Support!**

E-mail us: [alliancetda@hotmail.com](mailto:alliancetda@hotmail.com)