



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 _____

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 I am aware that if my application is not approved, or in the future my membership is rescinded, I can appeal the action.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: _____