



AFFILIATE MEMBERSHIP APPLICATION

Qualifications for Membership: Dentists who are members in good standing of another constituent society of the American Dental Association but who have an interest in the activities of the Maryland State Dental Association are eligible for membership in this association as affiliate members.

Dues are \$135.00 per year. Please make check payable to the *Maryland State Dental Association* and mail to the address below. Or you may pay via

Visa/MC _____ Exp Date _____

(Please print or type)

• Name: _____

• Office Address: _____

Office Phone: _____

• Home Address: _____

Home Phone: _____

**Which address would you want your mail to be delivered? 0 Home 0 Office*

• Fax #: _____ Email Address: _____

• Date of Birth: _____ SS# _____

ADA # _____ Specialty _____

I am a member of the _____

State Dental Society of the ADA

I certify that I am a member in good standing of my constituent society of the ADA and wish to apply for affiliate membership in the Maryland State Dental Association.

Signature: _____ Date: _____