

**SAN JOAQUIN DENTAL SOCIETY**  
**ALLIED DENTAL HEALTH PROFESSIONAL (ADHP) MEMBERSHIP APPLICATION**

**WHY JOIN?**

- To attend SJDS events & CE courses at discounted ADHP rates
- To get your own digital subscription to the Delta Digest
- Because you love SJDS!
- **Because it's only \$50 for the entire year!**

**ELIGIBLE:**

- Any individual who is in the dental health profession, such as hygienists, assistants, lab technicians & county agency representatives  
*\*doctors may sign up staff or staff may sign up individually*

**NOT ELIGIBLE:**

- Companies or individuals who may otherwise be considered "vendors"

**Personal Information:**

I am a:

Staff member signing up & paying for myself

SJDS member dentist signing up & paying for my staff member

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

Title/Designation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is potential ADHP member affiliated with an SJDS Member Dentist?  Yes  No

If yes, what is the member dentists' name? \_\_\_\_\_

Member's

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment:**

Check Enclosed  Visa  Mastercard

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

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_