

New Hampshire Dental Society Allied Dental Team Membership

Thank you for your interest in becoming an Allied Dental Team Member of the New Hampshire Dental Society. This application and an attached check expresses your desire to be a member of an organization whose mission is to assist its members in providing and promoting the highest levels of oral health care and to disseminate information which will advance the dental profession and the health of the public. The New Hampshire Dental Society believes strongly that dentistry must be delivered with a team approach with the Dentist at the head of the team. We invite you to apply and we will notify you in a very timely fashion of your acceptance. By signing this application you agree to abide by the Constitution & Bylaws of the New Hampshire Dental Society and its Principles of Ethics & Code of Professional Conduct, which are in essence the Principles & Codes of the American Dental Association.

Applicant: _____
First
Middle
Last

- Hygienist
- Certified Dental Assistant
- Dental Assistant
- Administrative Staff
- Lab Technician

Office Address: Name (current employer) _____
 Street _____
 City/State/Zip _____
 Phone _____ Fax _____

Office E-mail _____

Home Address: Street _____
 City/State/Zip _____
 Home Phone _____ Fax _____

Home E-mail _____

I prefer to receive mail at: Office Home

Biographical:
 School or Training Program _____ Graduation Date _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Male Female DOB _____

Licensed Individuals:

Hygienists currently licensed in New Hampshire: License No _____

Not Currently Licensed _____ Year License Lapsed _____
(if not currently licensed in NH, you must present with this application a letter from a licensed dentist in good standing in NH.)

Has your license ever been revoked? _____

Associations, activities and additional education, etc.

Signed _____ Date _____

Please submit completed application to NH Dental Society, 23 So. State Street, Concord, NH 03301

New Hampshire Dental Society

23 South State Street
Concord, New Hampshire 03301
603-225-5961 • 603-226-4880 (fax)

2018-2019 New Hampshire Dental Society Allied Dental Team Membership Renewal

2 year Membership or Renewal.....\$25.00

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Current Contact Information

Name:
Address:
Email

2018-2019 New Hampshire Dental Society
Allied Dental Team Membership Renewal\$25.00
(2 year renewal)

Check No	MasterCard <input type="checkbox"/>	VISA <input type="checkbox"/>
Card No	Exp Date	
Signature	Sec Code	

email, fax or Mail to:
ascott@nhds.org

New Hampshire Dental Society
23 South State Street
Concord, New Hampshire 03301