

New Hampshire Dental Society Membership Application **ASSOCIATE or CORRESPONDING MEMBER**

Please complete all sections of this application. Print or type all information.

PERSONAL

Name _____ **Degree** DMD DDS Other
First Last Middle

Office Address

Street _____ ADA ID number if known _____
City _____ Social Security number _____
State/Zip/County _____ Date of birth _____
Phone _____ Fax _____ E-Mail _____ Sex M F

Home Address

Street _____
City _____ Please indicate if you prefer to have mail _____
State/Zip/County _____ sent to: Office Home
Phone _____
Spouse Name _____ Is spouse a dentist? Yes No

BIOGRAPHICAL

Dental school _____ Graduation Date _____ Advanced Education Program _____
Completion Date _____ Certificate/Degree _____

Program Areas

Endodontics. Pediatric Dentistry. Periodontics. Public Health
 Prosthodontics. Orthodontics. Oral Pathology. Oral Radiology
 Oral Surgery General Practice Other _____

Is your practice limited to the above specialty? Yes No

Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.

Please indicate if practicing in, or looking for:

Solo Group Partnership Associateship Clinic Faculty Federal Dental Service Other

If practicing in other than a solo practice, please indicate the group or practitioner's name and location: Name _____

Address _____

License

Please indicate if licensed:

Presently License pending _____
License number (s) , date, year, states _____ Please include specialty license information if applicable.

MEMBERSHIP

Are/were you a member of the American Student Dental Association? Yes No If yes From _____ to _____
Year Year

Please indicate your membership status in the American Dental Association:

- Current member in _____ with dues paid for the _____ membership year.
State Society Year
- Was previously a member in _____ and _____ from _____ to _____
State Society Local Society Year Year

Associations, activities and additional education, etc.

Any Other information which may be of interest to our Members

(The New Hampshire Dental Society Newsletter features short biographical sketches of new members which will introduce you to your colleagues. Please add material here that we might use for our publication. We would also appreciate your including a recent photo for this purpose and for your membership file.)

Applicant Signature

As a tripartite member in good standing of the American Dental Association, I hereby apply for associate or corresponding membership in the New Hampshire Dental Society and resolve to abide by the Bylaws and the Principles of Ethics and Code of Professional Conduct if accepted into membership.

Signed _____ **Date** _____

Please submit your completed application to New Hampshire Dental Society, 23 South State Street, Concord, New Hampshire 03301. For more information, call NHDS at 1-800-244-5961.