



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.

Benefits: Subscription to MSDA printed newsletter ♦ listing in the printed MSDA Membership Directory under Affiliate Member ♦ Member rates on advertising and courses

Dues: \$135.00 per year

Checks should be payable to MSDA or you may pay via:

VISA/MASTERCARD/DISCOVER/AMEX _____ Exp date: _____

Name: _____

Office Address: _____

Office Phone: _____ Fax: _____

Email address: _____ Web URL: _____

I am a member of the _____ State Dental Society/Association

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

Signature: _____ Date: _____

Return to:

MSDA via Fax: (410)964-0583 or membership@msda.com

Questions, call Chrys Bell at (410)964-2880 ext. 124

8901 Herrmann Drive ♦ Columbia, MD 21045