



ASSOCIATE MEMBERSHIP APPLICATION

Qualifications for Membership: An ethical individual other than a dentist who is engaged in an area of activity related to dentistry and having a vested interest in the affairs of the Maryland State Dental Association. Election is by majority agreement of the Board of Trustees. Registered dental hygienists shall be considered for membership in this category.

Dues are \$50.00 per year. Please make check payable to the *Maryland State Dental Association and mail to the address below.*

(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# _____

• Dentistry Affiliation/Your Profession:

Signature: _____ Date: _____