



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. Or you may pay via:

Visa/MC _____ Exp Date _____

(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: _____