

ARIZONA DENTAL ASSOCIATION APPLICATION FOR MEMBERSHIP- Allied

3193 N Drinkwater Blvd, Scottsdale, AZ 85251
480.344.5777 | Fax: 480.344.1442 | www.azda.org | membership@azda.org



Name _____
Date of Birth _____ Home Phone () _____ Home E-mail _____
Home Address _____
City _____ State _____ Zip _____
Preferred Mailing Address Home Office (as noted below)
Profession _____ How long? _____

Employment

(Must be currently employed as an assistant, hygienist, lab tech, business staff by an AzDA Dentist Member)

Current Employer _____
Employer Address _____ How long? _____
Phone () _____ E-mail _____ Fax () _____
City _____ State _____ Zip _____
Hours/week _____ More than 1 employer? Yes No If yes, please complete below.

Alternate Employer _____
Address _____ How long? _____
Phone () _____ E-mail _____ Fax () _____
City _____ State _____ Zip _____
Hours/week _____

Licenses/Certificates

Arizona License or Certificate Number _____
Other License/Certificate No. _____ Which State(s) _____
Permits _____

Education

| School | Diploma/Certificate/Degree | Grad Year |
|--------|----------------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Your Professional Interests

Upon acceptance of my membership, I would like information on how I can get involved in the following area(s) to benefit the dental team: *check as many as apply*

- | | | |
|--|---|--|
| <input type="checkbox"/> membership | <input type="checkbox"/> speaker's bureau | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> volunteer opportunities | <input type="checkbox"/> communications | |
| <input type="checkbox"/> dental health | <input type="checkbox"/> continuing education | |

Yearly dues of \$50 be applicant must accompany application.
Mail your application to AzDA: 3193 N Drinkwater Blvd, Scottsdale AZ 85251
For credit cards only, fax to 480.344.1442. Have questions? Call 480.344.5777

I have enclosed check # _____ payable to AzDA. Charge my: Visa MC AMEX
Card No. _____ Exp Date _____ V-Code (3-4 digits back of card) _____

Signature of Applicant _____ Date _____