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

Arizona Dental Association
American Dental Association
Local Dental Society

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*

- ❒ membership
- ❒ volunteer opportunities
- ❒ dental heatlh
- ❒ speaker's bureau
- ❒ communications
- ❒ continuing education
- ❒ other (specify) _____

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 _____