

# Alabama Dental Society Application

Office Ph.:

Fax:

Home Ph.:

Cell:

Email:

Specialty:

NDA State Society:

Dental School:

Degree:

Grad year:

Additional Degrees:

Date of Birth Gender:

**2022 MEMBERSHIP DUES:**

NDA Active Member \$ 395.00

Chapter Membership Dues \$ \_\_\_\_\_

Zone Membership Dues \$ \_\_\_\_\_

**DUES FOR GRADUATES\* AND RESIDENTS\*\*:**

2022 Graduates \$ \_\_\_\_\_

2021 Graduates \$ \_\_\_\_\_

2020 Graduates \$ \_\_\_\_\_

Current Residents \$ \_\_\_\_\_

Check or Money Order Credit Card:

Update Information:

DESCRIPTION PRICE SUBTOTAL

PAYMENT INFORMATION

Card Holder's Signature & Date:

**TOTAL** \$ \_\_\_\_\_

\*Copy of DDS or DMD diploma or letter from school confirming your degree date is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and master's degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation is received. \*\*Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues are for dentists participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.