

Corydon Palmer Dental Society

Please print out both forms, complete and return to: Corydon Palmer Dental Society
985 Churchill-Hubbard Road, Youngstown, Ohio 44505

APPLICATION FOR MEMBERSHIP

Name _____ Sex M F
Last First MI

ADA Number _____ Social Security Number _____

Office Address _____

City _____ State _____ Zip Code _____

Office Telephone _____ Dental License No. _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Date of Birth ____ / ____ / ____ Spouse's Name _____

Character of Practice: General Practice _____
Specialty _____

EDUCATIONAL BACKGROUND

Pre-Dental _____
School City State

Date of Graduation _____

Dental _____
School City State

Date of Graduation _____

Graduate Training _____

Date of Graduation _____

PREVIOUS MEMBERSHIP

Do you presently hold, or have you ever held membership in the American Student Dental Association and/or American Dental Association? If so, what were the years of membership? _____

Are you transferring from another state or local society? If so, Name and Location:

I agree to abide by the Code of Ethics of the American Dental Association.

Signature

Date



TRIPARTITE MEMBERSHIP APPLICATION

For membership in the American Dental Association and your state and local dental societies

Thank you for your interest in becoming a member of organized dentistry. The American Dental Association and your state and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed and considered by your state or local society, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct or will conduct the major portion of your practice. Your state or local society may request additional information and will provide you with complete information regarding membership dues as well as the Bylaws and the Principles of Ethics and Code of Professional Conduct of the ADA and your state and local dental societies, which govern the professional conduct of members. A list of state dental societies is on the reverse side.

Please complete all sections of this application. Print or type all information.

PERSONAL

Name _____ Degree [] DMD [] DDS
[] Other _____
Primary Office Address
Street _____ ADA ID number if known: _____
City _____ Social Security number _____
State/Zip/County _____ Date of birth _____
Phone (____) _____ Fax (____) _____ E-Mail _____ Sex [] M [] F
Home Address
Street _____ Please indicate if you prefer to have mail
City _____ sent to: [] Office [] Home
State/Zip/County _____ Is spouse a dentist? [] Yes [] No
Phone (____) _____
Spouse Name _____

BIOGRAPHICAL

Dental school _____ Graduation Date ____/____/____
Advanced Education Program _____
Completion Date ____/____/____ Certificate/Degree _____
Program Area(s)
[] Endo. [] Ped. Dent. [] Perio. [] Public Health [] Prostho. [] Ortho. [] Oral Path. [] Oral Surg. [] General Pract. [] Other _____
Is your practice limited to the above specialty? [] Yes [] No
Please indicate if: [] Currently practicing [] Looking for a dental practice opportunity in _____ city/state
Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.
Please indicate if practicing in, or looking for: [] Solo [] Group [] Partnership [] Associateship [] Clinic [] Faculty
[] Federal Dental Service [] Other _____
If practicing in other than a solo practice, please indicate the group or practitioner's name and location:
Name _____ Address _____
Please indicate if licensed: [] Presently _____ [] License pending
license #(s)/date/yyyy/state(s). Please include specialty license information if applicable.

MEMBERSHIP

Are/were you a member of the American Student Dental Association? [] Yes [] No If yes, from ____ to ____
YYYY YYYY
Please indicate your membership status in the American Dental Association:
[] Current member in _____ with dues paid for the _____ membership year.
state society YYYY
[] Was previously a member in _____ and _____ from ____ to ____ .
state society local society YYYY YYYY

APPLICANT SIGNATURE

I hereby apply for tripartite membership in the American Dental Association and resolve to abide by the Bylaws and the Principles of Ethics and Code of Professional Conduct if accepted into membership.
Signed _____ Date _____



American Dental Association

Please submit your completed application to your state or local dental society. A listing of state dental societies is on the reverse side of this form. For more information about the American Dental Association, you can call the ADA Department of Membership Information at 1-800-621-8099

CONSTITUENT DENTAL SOCIETIES OF THE AMERICAN DENTAL ASSOCIATION

Alabama Dental Association

836 Washington Ave.
Montgomery, AL 36104
(334) 265-1684
(800) 489-2532

Alaska Dental Society

9170 Jewel Lake Rd, Ste 203
Anchorage, AK 99502
(907) 563-3003
(800) 478-4675*

Arizona Dental Association

4131 N. 36th St.
Phoenix, AZ 85018
(602) 957-4777
(800) 866-2732

Arkansas State Dental Association

2501 Crestwood Drive #205
North Little Rock, AR 72116
771-7650
(800) 501-2732

California Dental Association

P.O. Box 13749
Sacramento, CA 95853
(916) 443-0505
(800) 736-8702*

Colorado Dental Association

3690 S. Yosemite #100
Denver, CO 80237
(303) 740-6900
(800) 343-3010

Connecticut State Dental Association

62 Russ Street
Hartford, CT 06106
(860) 278-5550

Delaware State Dental Society

1925 Lovering Ave.
Wilmington, DE 19806
(302) 654-4335

District of Columbia Dental Society

502 C Street N.E.
Washington, DC 20002
(202) 547-7613

Florida Dental Association

1111 E. Tennessee St
Tallahassee, FL 32308
(850) 681-3629
(800) 877-9922

Georgia Dental Association

7000 Peachtree Dunwoody Rd
Lake Ridge 400, Building 17
Atlanta, GA 30328
(404) 636-7553
(800) 432-4357

Hawaii Dental Association

1345 S. Beretania St., Suite 301
Honolulu, HI 96814
(808) 593-7956
(800) 359-6725

Idaho State Dental Association

1220 W. Hays St.
Boise, ID 83702
(208) 343-7543
(800) 932-8153*

Illinois State Dental Society

P.O. Box 376
Springfield, IL 62705
(217) 525-1406
(800) 475-4737*

Indiana Dental Association

P.O. Box 2467
Indianapolis, IN 46206
(317) 634-2610
(800) 562-5646

Iowa Dental Association

505 5th Ave. #333
Des Moines, IA 50309
(515) 282-7250
(800) 828-2181

Kansas Dental Association

5200 SW Huntoon St.
Topeka, KS 66604
(785) 272-7360
(800) 432-3583

Kentucky Dental Association

1940 Princeton Drive
Louisville, KY 40205
(502) 459-5373
(800) 292-1855

Louisiana Dental Association

7833 Office Park Blvd.
Baton Rouge, LA 70809
(225) 926-1986
(800) 38-6642

Maine Dental Association

P.O. Box 215
Manchester, ME 04351
(207) 622-7900
(800) 369-8217

Maryland State Dental Association

6450F Dobbin Road
Columbia, MD 21045
(410) 964-2880
(800) 766-2880*

Massachusetts Dental Society

83 Speen Street
Natick, MA 01760
(508) 651-7511
(800) 342-8747

Michigan Dental Association

230 North Washington Square, #208
Lansing, MI 48933
(517) 372-9070
(800) 589-2632

Minnesota Dental Association

2236 Marshall Avenue
St. Paul, MN 55104
(651) 646-7454
(800) 950-3368

Mississippi Dental Association

2630 Ridgewood Road
Jackson, MS 39216
(601) 982-0442

Missouri Dental Association

P.O. Box 1707
Jefferson City, MO 65102
(573) 634-3436
(800) 688-1907

Montana Dental Association

P.O. Box 1154
Helena, MT 59624
(406) 443-2061
(800) 257-4988

Nebraska Dental Association

3120 "O" Street
Lincoln, NE 68510
(402) 476-1704
(800) 234-3120*

Nevada Dental Association

6889 W. Charleston Blvd. #B
Las Vegas, NV 89117
(702) 255-4211
(800) 962-6710

New Hampshire Dental Society

P.O. Box 2229
Concord, NH 03302
(603) 225-5961
(800) 244-5961*

New Jersey Dental Association

One Dental Plaza
P. O. Box 6020
North Brunswick, NJ 08902
(732) 821-9400
(800) 831-6532

New Mexico Dental Association

3736 Eubank Blvd. N.E. Suite C-1
Albuquerque, NM 87111
(505) 294-1368

Dental Society of the State of New York

121 State Street, 4th Floor
Albany, NY 12207
(518) 465-0044
(800) 255-2100*

North Carolina Dental Society

P.O. Box 4099
Cary, NC 27519
(919) 677-1396
(800) 662-8754*

North Dakota Dental Association

P. O. Box 1332
Bismarck, ND 58502
(701) 223-8870
(800) 795-8870

Ohio Dental Association

1370 Dublin Road
Columbus, OH 43215
(614) 486-2700
(800) 282-1526

Oklahoma Dental Association

629 West Interstate 44 Service Rd.
Oklahoma City, OK 73118
(405) 848-8873
(800) 876-8890

Oregon Dental Association

17898 S.W. McEwan Rd.
Portland, OR 97224
(503) 620-3230
(800) 452-5628*

Pennsylvania Dental Association

P.O. Box 3341
Harrisburg, PA 17105
(717) 234-5941
(800) 223-0016

Colegio de Cirujanos Dentistas de Puerto Rico

Avenue Domenech, #200
San Juan, PR 00918
(787) 764-1969

Rhode Island Dental Association

200 Centerville Road
Warwick, RI 02886
(401) 732-6833

South Carolina Dental Association

120 Stonemark Lane
Columbia, SC 29210
(803) 750-2277
(800) 327-2598

South Dakota Dental Association

P.O. Box 1194
Pierre, SD 57501
(605) 224-9133

Tennessee Dental Association

P.O. Box 120188
Nashville, TN 37212
(615) 383-8962
(800) 824-9722*

Texas Dental Association

P.O. Box 3358
Austin, TX 78764
(512) 443-3675

Utah Dental Association

1151 E. 3900 S., #B160
Salt Lake City, UT 84124
(801) 261-5315
(800) 662-6500*

Vermont State Dental Society

100 Dorset Street, Suite 18
South Burlington, VT 05403
(802) 864-0115
(800) 640-5099*

Virgin Islands Dental Association

P.O. Box 10422
St. Thomas, VI 00801
(340) 775-9110

Virginia Dental Association

P.O. Box 6906
Richmond, VA 23230
(804) 358-4927
(800) 552-3886*

Washington State Dental Association

2033 6th Ave., #333
Seattle, WA 98121
(206) 448-1914
(800) 448-3368*

West Virginia Dental Association

2003 Quarrier St.
Charleston, WV 25311
(304) 344-5246

Wisconsin Dental Association

111 E. Wisconsin Avenue #1300
Milwaukee, WI 53202
(414) 276-4520
(800) 364-7646

Wyoming Dental Association

P. O. Box 1123
Cheyenne, WY 82003
(307) 634-5878
(800) 244-0779