



ASSOCIATE MEMBERSHIP APPLICATION
For Associate Membership in the Louisiana Dental Association

Date of Birth: / / Social Security Number:

Sex: Male Female Married: Yes No Spouse's Name:

Name: Phone Number:

Home Address: Mailing Address City/State/Zip

Associate members must work a minimum of 20 hours per week for a LDA Dentist

Employed: Full Time (At least 30 hrs/week or more) Part Time (At least 20 hours per week)

Name of Primary Employer: # hrs. worked/week:

Work Address: Mailing Address City/State/Zip Work Phone:

Employer's Signature: I certify that the person named above is employed in my practice as they have stated.

Employer's ADA #:

Name of Secondary Employer: # hrs. worked/week:

Work Address: Mailing Address City/State/Zip Work Phone:

Employer's Signature: I certify that the person named above is employed in my practice as they have stated.

Employer's ADA #:

Education beyond High School:

Name of School: Year of Graduation:

Degree/Certificate Achieved:

* Associate Members of the LDA are eligible for the health insurance plan, which is endorsed by the LDA. As with other endorsed insurance plans, this is considered a member benefit and only the staff of an LDA member is eligible to apply. The annual dues for an Associate Member is \$35 payable in advance. As an Associate Member of the LDA, you will also be eligible for reduced registration fees at LDA-sponsored continuing education programs. To maintain your Associate Membership, you must pay your annual dues and remain in the employment of an LDA member in good standing.

Applicant Signature: Date:

Please return application with a check for \$35 (made out to LDA) to: Louisiana Dental Association 7833 Office Park Blvd Baton Rouge, LA 70809