

LOUISIANA DENTAL ASSOCIATION
AFFILIATE MEMBERSHIP APPLICATION

5637 Bankers Avenue, Baton Rouge, LA 70808
 Telephone: 225.926.1986 | Fax: 225.926.1886
 www.ladental.org



For current ADA members who do
 not live and/or practice in
 Louisiana, but wish to join the
 LDA

MEMBER INFORMATION

Name: DDS DMD Other _____

ADA Number: _____ Date of Birth: / / _____ LA State Board of Dentistry License #: _____

OFFICE ADDRESS

Office Street Address: _____

Office City/State/Zip: _____

Office Number: _____ Office Fax Number: _____ Email: _____

HOME ADDRESS

Home Street Address: _____

Home City/State/Zip: _____

Home Number: _____ Cellular Number: _____

Preferred Mailing Address: Office Home

SPOUSE INFORMATION

Spouse Name: _____ Is spouse a dentist? Yes No

BIOGRAPHICAL

Dental School: _____ Graduation Date: _____

Advanced Education Program (School/Hospital): _____ Completion Date: _____

Program Area(s): Endo Pediatric Perio Public Health Prosthodontics Ortho Oral Path Oral Surgery
 General Practice Other _____

Is your practice limited to the above specialty? _____ Yes _____ No

Indicate if: Currently practicing Look for a dental practice opportunity in _____ (city) _____ (state)

Indicate if practicing in, or looking for: Solo Group Partnership Associateship
 Clinic Faculty Other _____

CURRENT ADA MEMBERSHIP

Current member in (state society) _____ with dues paid for the 20____ membership year.

I was referred/recruited to membership by Dr. _____

EMAIL AND MAIL PREFERENCE

The LDA gives you an option to receive the following materials electronically or printed. Please indicate how you would like to receive the following materials.

General Correspondence Electronically Printed

Membership Dues Invoice Electronically Printed

LDA Journal Electronically Printed

I hereby make application for membership in the Louisiana Dental Association. If accepted, I will abide by the Bylaws of these associations.

Signature of Applicant: _____

Date: _____

