



ASSOCIATE MEMBERSHIP APPLICATION

5637 Bankers Avenue, Baton Rouge, LA 70808

Telephone: 225.926.1986 | Fax: 225.926.1886

www.ladental.org

MEMBER INFORMATION

Name: _____

Date of Birth: / /

(Associate Members must work a minimum of 20 hours per week for a LDA Dentist)

PRIMARY EMPLOYER

Employed: ___ Full Time (at least 30 hrs/week or more) ___ Part Time (at least 20 hrs/week)

Name of Primary Employer: _____

Employer's ADA #: _____

Employer's signature: _____

Office Street Address: _____

Office City/State/Zip: _____

Office Number: _____

Office Fax Number: _____

Email: _____

SECONDARY EMPLOYER

Name of Secondary Employer: _____

Employer's ADA #: _____

Employer's signature: _____

Office Street Address: _____

Office City/State/Zip: _____

Office Number: _____

Email: _____

HOME ADDRESS

Home Street Address: _____

Home City/State/Zip: _____

Home Number: _____

Cell Number: _____

Preferred Mailing Address: Office Home

SPOUSE INFORMATION

Spouse Name: _____

Is spouse a dentist? Yes No

BIOGRAPHICAL

Education beyond HS (name of school): _____

Graduation Date: _____

Degree/Certificate achieved: _____

EMAIL AND MAIL PREFERENCE

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.

Signature of Applicant: _____

Date: _____

Please return application with a check for \$35 (made out to LDA) to:
Louisiana Dental Association
5637 Bankers Ave.
Baton Rouge, LA 70808