

**LOUISIANA DENTAL ASSOCIATION**  
**TRIPARTITE MEMBERSHIP APPLICATION**

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



**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  Prostho  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. \_\_\_\_\_

**SIGNATURE**

I hereby make application for membership in the \_\_\_\_\_ (local component) Dental Association, Louisiana Dental Association and the American Dental Association. If accepted, I will abide by the Bylaws of these associations.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Association Entry Only**

Application received by LDA membership for: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPONENT SECRETARY**

Date Received: \_\_\_\_\_

Recommendation: \_\_\_\_\_

**BOARD OF GOVERNORS**

Date Received: \_\_\_\_\_

Recommendation: \_\_\_\_\_

**REFERRED TO COMPONENT ASSOCIATION FOR BALLOTING**

At meeting held on \_\_\_\_\_

**(Date of Meeting)**

\_\_\_\_\_ Elected \_\_\_\_\_ Rejected

Component Secretary Signature: \_\_\_\_\_

Component Association: \_\_\_\_\_