

LOUISIANA DENTAL ASSOCIATION

AFFILIATE MEMBERSHIP APPLICATION

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

7833 Office Park Blvd. • Baton Rouge, LA 70809

Telephone: 225.926.1986 • Fax: 225.926.1886 • www.ladental.org

MEMBER INFORMATION

Name: _____ DDS DMD Other _____

ADA Number: _____ Date of Birth: / / _____ Licensed in _____ (state) 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. _____

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. If accepted, I will abide by the Bylaws of this association.

Signature of Applicant: _____

Date: _____

For Association Entry Only

Application received by LDA membership on: _____

ADA Membership Verification

Member of ADA and state of _____; membership dues paid for 20____.

LDA Executive Office

Date Received: _____

Recommendation: _____

LDA Executive Directors Signature: _____

Date: _____