



# Second District Dental Society of New York

## Associate Membership Application

Associate membership is available to ADA-member licensed dentists practicing outside of the Second District Dental Society (SDDS) component area of Brooklyn and Staten Island, New York. Associate members may participate in SDDS endorsed programs where eligible, attend SDDS continuing education programs at the same tuition rate as active members and receive all publications of the Society. Associate membership dues are \$60 per calendar year.

### Applicant Information

Name: \_\_\_\_\_  DDS  DMD

ADA Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Primary Office Address

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Address

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of state and local dental society where you currently hold active membership:

State: \_\_\_\_\_ Local: \_\_\_\_\_

*I hereby apply for associate membership in the Second District Dental Society of New York. If elected to membership, I agree to comply with all Bylaws, Codes of Ethics, and other Rules and Regulations of the Second District Dental Society and the American Dental Association. If I am making my dues payment by the credit card below, my signature authorizes payment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information

I remit the sum of \$60.00 as payment for SDDS associate dues for the 2021 membership year.

Check payable to "Second District Dental Society" \*Write in full. Do not abbreviate.  Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_