



Application for membership in the New Jersey Dental Association, American Dental Association and local dental society

Thank you for your interest in becoming a member of organized dentistry. The New Jersey Dental Association (NJDA), American Dental Association and local dental society have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations; local, state and national. Your application will be processed by the NJDA and forwarded to the component society where you conduct or will conduct the major portion of your practice. The NJDA will provide you with complete information regarding membership dues as well as the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* of the ADA, which governs the professional conduct of members.

Please complete all sections of this application. Print or type all information.

PERSONAL

Please indicate if licensed: Presently _____ License pending _____
 License #(s)/date/YY/state(s) _____

ADA Number _____

States licensed to practice (if applicable) _____

Name _____ Degree DDS _____ DMD _____
 Last First Middle Initial Other _____

Sex M F Please indicate if you prefer to have mail sent to: Office _____ Home _____

Primary Office Address
 Street _____ Social Security Number _____
 City _____
 State/Zip/County _____ Date of birth (MM/DD/YY) _____
 Phone () _____
 Fax () _____ E-Mail _____

Home Address
 Street _____ City _____
 State/Zip/County _____ Phone () _____
 Spouse Name _____ Is spouse a dentist? Yes _____ No _____

BIOGRAPHICAL

Dental School _____ Graduation Date _____/_____/_____
 MM DD YY

Post Graduate Study (if applicable) _____
 Name Location

Completion Date _____/_____/_____
 MM DD YY Certificate/Degree _____

NJ Anesthesia permit number _____ NJ Specialty Permit Number _____

Program Area(s)
 Endo, Ped. Dent., Perio., Public Health, Prostho., Ortho, Oral Path., Oral Surg., General Pract., Other _____

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

Please indicate if: Currently practicing or Looking for a dental practice opportunity in _____
 city/state

Please indicate if practicing in, or looking for: Solo, Group Partnership, Associateship, Clinic Faculty, Federal Dental Service
 Other _____

If practicing in other than a solo practice, please indicate the group or practitioner's name and location:
 Name _____ Address _____

MEMBERSHIP

Are/were you a member of the American Student Dental Association? Yes No If yes, from _____ to _____
 YYYY YYYY

Please indicate your membership status in the American Dental Association:
 , New member
 , Former NJDA member re-applying
 , Current ADA member in _____ with dues paid for the _____ membership year.
 , Former member transferring from _____ and _____ from _____ to _____
 State Society Local Society YYYY YYYY

APPLICANT SIGNATURE

I hereby apply for tripartite membership in the New Jersey Dental Association, American Dental Association and resolve to abide by the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* if accepted into membership.

Credit Card (Circle one) VISA; Mastercard ; AmEx., # _____ Exp. Date _____

Signed _____ Date _____

Referred by (optional) _____

FOR ASSOCIATION USE ONLY--DO NOT WRITE IN THIS SECTION

Dr. _____ is eligible for _____

membership for the year _____. The dues are as follows:

ADA \$ _____

NJDA \$ _____

Component \$ _____

Deposit \$ _____

Total \$ _____

Date received

Signature of NJDA Executive Director

Federal law requires informing applicants that a portion of annual dues is allocated for subscriptions to the following: Journal of the American Dental Association, **\$25**; ADA News, **\$8**; Journal of the New Jersey Dental Association, **\$20**; Capsule, **\$10**.

Contributions or gifts to the New Jersey Dental Association are not deductible as charitable contributions for Federal income tax purposes. However, a portion of your dues payment is deductible as an ordinary and necessary business expense, to the extent allowed by law.

New Jersey Dental Association (NJDA)
One Dental Plaza, P. O. Box 6020
North Brunswick, NJ 08902-6020
Phone: 732-821-9400 Fax: 732-821-1082
e-mail: njda@njda.org
web: <http://www.njda.org>