



NJDA Membership 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.

PERSONAL

Please indicate if licensed: Presently _____ License pending YES NO

ADA Number _____ License #(s)/date/YY/state(s).

States licensed to practice (if applicable) _____

Name _____ DDS DMD Other _____

Sex M F Last First Middle Initial

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 _____ OFFICE _____

Home Address

Street _____ City _____

State/Zip/County _____ Phone _____

Spouse Name _____ Is spouse a dentist? Yes No

BIOGRAPHICAL

Dental School _____ Graduation Date ____/____/____

Post Graduate Study (if applicable) _____

Completion Date ____/____/____ Name Location

Certificate/Degree _____

NJ Anesthesia Permit number _____ NJ Specialty Permit Number _____

Program Area(s) Check all that apply: Endo Pedo Perio Public Health Prostho

Ortho Oral Path Oral Surg General Other _____

Is your practice limited to the above specialty? Yes No

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

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 # _____ Exp. Date _____

Signed _____ Date _____

Referred by (optional) _____