



# Wyoming Dental Association

## Wyoming Dental Association

### Application for Membership

American Dental Association  
 Constituent: Wyoming Dental Association

Constituent Secretary: \_\_\_\_\_

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

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

Date Completed: \_\_\_\_\_

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

ADA# \_\_\_\_\_

Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Dental School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree:  DDS  DMD  OTHER \_\_\_\_\_

Wyoming License #: \_\_\_\_\_

License Pending? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a member of ADA? Y N If yes, where? \_\_\_\_\_

Where you ever a member of ADA or ASDA? Y N

If yes, where? \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Has your license to practice ever been suspended or revoked? Y N (This information is CONFIDENTIAL and is for association records only.) If yes, please explain

\_\_\_\_\_  
 \_\_\_\_\_

PROFESSIONAL REFERENCE: List Name, Address, and Phone Number

\_\_\_\_\_  
 \_\_\_\_\_

I hereby apply for membership in the American Dental Association, its Constituent and Component named above and resolve to abide by the bylaws and code of ethics of said groups if elected to membership. I affirm that the information presented herein is true and complete to the best of my knowledge. I enclose \$ \_\_\_\_\_ as my annual membership dues for one year to be apportioned as follows:

Local Society: \$ \_\_\_\_\_

Wyoming Dental Association \$ \_\_\_\_\_ (a portion is for a year subscription to the WDA Newsletter)

American Dental Association \$ \_\_\_\_\_ (a portion is for a year subscription to the JADA and ADA News)

Total Dues: \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_