Tripartite Membership Application

For membership in the Pennsylvania Dental Association, the ADA & local dental societies.

Thank you for your interest in becoming a member of organized dentistry. The American Dental Association, Pennsylvania Dental Association and your district and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all levels of your professional association: local, district, state and national. Your application will be processed and considered by your district and local dental societies, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct the major portion of your practice. Your district or local society may request additional information and will provide you with complete information regarding membership dues.

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

Name: _____
Last First Middle

Sex: ❒ Male ❒ Female

Social Security Number: _____

Birthdate: _____
Month Day Year

Dental School: _____

Graduation Date: _____

ADA ID# (if known): _____

Degree: ❒ DMD ❒ DDS ❒ Other _____

Preferred Mailing Address: ❒ Home ❒ Office

Preferred Communication: ❒ Mail ❒ E-mail

Primary Office Address

Street: _____

City: _____

State/Zip/County: _____

Phone: ( ) _____

Fax: ( ) _____

E-mail Address: _____

Home Address

Street: _____

City: _____

State/Zip/County: _____

Phone: ( ) _____

Spouse's Name: _____

Is your spouse a dentist? ❒ Yes ❒ No

Advanced Education Program

School/Hospital: _____

Completion Date: _____

City/ State: _____

Certificate/Degree: _____

Program Area(s):

❒ Endodontics ❒ Periodontics ❒ Prosthodontics ❒ Oral & Maxillofacial Pathology ❒ General Practice
❒ Pediatric Dentistry ❒ Public Health ❒ Orthodontics & Dentofacial Orthopedics ❒ Oral & Maxillofacial Surgery
❒ Oral & Maxillofacial Radiology

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

Please indicate if you are: ❒ Currently practicing ❒ Looking for a dental practice opportunity in _____
City/County

(PDA has a job placement service. Visit **www.padental.org/placementservice** *for more information.)*

Please indicate if you are practicing in or looking for: ❒ Solo ❒ Group ❒ Partnership
❒ Associateship ❒ Clinic ❒ Faculty ❒ Federal Dental Service ❒ Other

Are you practicing full time or part time? ❒ Full Time ❒ Part Time

Sponsored by: *(Sponsorship is not required for membership.)* _____

Please indicate if licensed: ❒ Currently _____ ❒ License Pending
(license #(s)/date(s)/state(s)) Please include specialty license information if applicable

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

Please indicate your membership status in the American Dental Association:

Are you interested in volunteering in the local dental society? ❒ Yes ❒ No

Please submit your completed application to Pennsylvania Dental Association, Attn: Mary Donlin Quinn,
3501 North Front Street, P.O. Box 3341, Harrisburg, PA 17105, or apply online at **www.padental.org**.
For more information, call PDA at (800) 223-0016.

Office Use Only

District Approval _____ **Local Approval** _____