

**APPLICATION FOR MEMBERSHIP IN  
LOCAL DISTRICT DENTAL SOCIETY, THE ALABAMA DENTAL ASSOCIATION  
AND THE AMERICAN DENTAL ASSOCIATION**

Please complete all sections of this application and return it to ALDA, 836 Washington Avenue, Montgomery, AL 36104 or fax 334.262.6218. Print or type all information.

Date \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Degree: \_\_\_ DMD \_\_\_ DDS \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Birth Month/Date/Year

**Office Address**

Street \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Home Address**

Street \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Spouse Name \_\_\_\_\_ Is spouse a dentist? \_\_\_ Yes \_\_\_ No

Please indicate if you prefer to have mail sent to: \_\_\_ Office \_\_\_ Home

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Advanced Education Program \_\_\_\_\_  
School/Hospital City/State

Completion Date \_\_\_\_\_ Certificate/Degree \_\_\_\_\_

Program Area(s): Endodontics \_\_\_ Pediatric \_\_\_ Periodontics \_\_\_ Public Health \_\_\_\_\_

Prosthodontics \_\_\_ Orthodontics \_\_\_ Oral Surgery \_\_\_ General Practice \_\_\_ Other \_\_\_

Is your practice limited? \_\_\_ Yes \_\_\_ No

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

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**For District Use:**

Approved by Executive Council (if required) \_\_\_\_\_ (Date)

Elected to Membership \_\_\_\_\_ (Date)

\_\_\_\_\_  
District Secretary-Treasurer