Greater St. Louis Dental Society

Tripartite membership application with the
American Dental Association & Missouri Dental Association

Office Use Only

About You

Last Name: First Name: MI:

❒ Male ❒ Female ADA # SSN #

Have you been a member of the ADA/MDA before ❒ Yes ❒ No

Missouri Dental License # Date Issued:

Birthday (MM/DD/YY): Spouse Name: Is spouse a dentist ❒ Yes ❒ No

Note: You are encouraged to send us your picture so that we may include it in our membership database.

Contact Information

Please send all correspondence to my: ❒ Home ❒ Primary Office

Practice Name:

***Primary* Office Address:**

City: State: Zip:

Phone: Fax:

***Secondary* Office Address:**

City: State: Zip:

Phone: Fax:

***Home* Address:**

City: State: Zip:

Phone: Fax:

Primary Email: Alternate Email:

Practice Website:

Note: Email addresses are not provided to any outside organizations. Your practice web site will be included in "Find a Dentist" on modental.org and gslds.org.

Education

Dental School: Degree: ❒ DDS ❒ DMD Grad Date:

Residency/Masters Program: Degree: Grad Date:

Specialty

❒ General Practice ❒ Endodontics ❒ Pediatrics ❒ Periodontics ❒ Public Health ❒ Prosthodontics ❒ Orthodontics
❒ Oral Pathology ❒ Oral Surgery ❒ Oral Radiology ❒ Other _____

Practice Type

❒ Solo ❒ Group ❒ Partnership ❒ Associateship ❒ Clinic ❒ CHC ❒ Faculty ❒ Federal Dental Service ❒ Other _____

Membership Referral

Did another doctor invite/encourage you to join the MDA? If so, please tell us who so we can say thanks!

Name Practice Location

Hobbies/Interests

Please list your hobbies/interests:

I hereby apply for membership in the Greater St. Louis Dental Society, the Missouri Dental Association, and the American Dental Association. I certify that I am presently engaged in the ethical practice of dentistry and further, that if accepted for membership, I will refrain from unethical practice.

Signature _____ Date _____

Return completed form to GSLDS, 11457 Olde Cabin Rd, Ste 300, St Louis MO 63141.
Fax to 314-569-0448, for questions call 314-569-0444.