

Application for Membership
VERMONT STATE DENTAL SOCIETY
ALLIED TEAM MEMBER CATEGORY

Term: July 2011– June 2012

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

E-mail _____

Please check current role in Dental Team:

Dental Assistant TDA CDA EFDA

Dental Hygienist

Administration

Dental Technician

Primary site of employment:

Practice/Dentist Name _____

Address _____

Phone _____

I hereby apply for Allied Team Membership in the Vermont State Dental Society. My signature below attests that I am qualified for such membership as may relate to licensure or registration with the State of Vermont or employment.

Signature _____ Date _____

VT License or Registration # _____

Dues Amount enclosed **\$35.00**