



Second District Dental Society of New York

Associate Membership Application

Associate membership is available to ADA-member licensed dentists practicing outside of the Second District Dental Society (SDDS) component area of Brooklyn and Staten Island, New York. Associate members may participate in SDDS endorsed programs where eligible, attend SDDS continuing education programs at the same tuition rate as active members and receive all publications of the Society. Associate membership dues are \$60 per calendar year.

Applicant Information

Name: _____ DDS DMD

ADA Number: _____ Primary Email: _____

Primary Office Address

Address: _____

City _____

State _____ Zip _____

Office Phone: _____

Home Address

Address: _____

City _____

State _____ Zip _____

Cell Phone: _____

Name of state and local dental society where you currently hold active membership:

State: _____ Local: _____

I hereby apply for associate membership in the Second District Dental Society of New York. If elected to membership, I agree to comply with all Bylaws, Codes of Ethics, and other Rules and Regulations of the Second District Dental Society and the American Dental Association. If I am making my dues payment by the credit card below, my signature authorizes payment.

Signature: _____ Date: _____

Payment Information

I remit the sum of \$60.00 as payment for SDDS associate dues for the 2021 membership year.

Check payable to "Second District Dental Society" *Write in full. Do not abbreviate. Visa Mastercard American Express

Credit Card Number: _____ Exp. Date: ____/____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____