METRO DENVER DENTAL SOCIETY
Connections For Our Profession

2021 ASSOCIATE MEMBERSHIP APPLICATION

In addition to the benefits you already receive from your local component, state association and the American Dental Association (ADA), the Metropolitan Denver Dental Society can provide you an additional wealth of opportunities that support your practice and professional growth. ADA-member dentists practicing outside the boundaries of the MDDS component area are eligible for Associate Membership. Associate Members are able to take advantage benefits and services for just $199 per year. Expand your professional opportunities by connecting with MDDS as an Associate Member today.

Benefits include:

- Member prices for year-round continuing education activities *(Does not include the Rocky Mountain Dental Convention. As an Associate Member, you will register for the convention at the ADA/CDA member price.)*
- Member prices on room rentals at the high-tech Mountain West Dental Institute (MWDI)
- Special event invitations
- A free annual subscription to the award-winning *Articulator* magazine & weekly e-newsletter *Byte Register*
- Free online classified advertising

PLEASE PRINT (Fields indicated in red are required)

Name _____ DDS / DMD Male / Female

ADA Number_____

Practice Name _____

Office Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____ Fax Number _____

Type of practice: Solo ☐ Group ☐ Associate ☐ Partner ☐ Federal ☐ Clinic ☐ Employee ☐ Other _____

Payment method: Visa / Mastercard / Discover / American Express / Check #_____

Card number _____ Exp date _____

Name as it appears on card _____ Signature_____

Billing Address (If different than above)

Address:_____ City:_____ State:_____ Zip Code:_____

I hereby certify that the information contained herein is true and correct and if subsequently proved incorrect shall be grounds for disapproval and / or removal. I certify that I will abide by the Principles of Ethics and Code of Professional Conduct and the Constitution and Bylaws of the ADA, CDA and MDDS, and that failure to abide by such can result in disciplinary action.

I give the Metro Denver Dental Society (MDDS) permission to fax, e-mail and mail me regarding member benefits, services, products, events and continuing education. I understand that my e-mail address and fax number will not be sold or shared outside of the Metro Denver Dental Society.

Signature of Applicant _____ Date _____