Alliance of the North Carolina Dental Society

Constituent of the Alliance to the American Dental Association

Membership Application

All information is necessary to insure the Dental Society membership records are correct and up to date.

Applicants Name: _____

Home Address: _____

Home Phone: _____ **E-mail address:** _____

Local Alliance_____ **Component Alliance**_____
(County, city, etc.) **(first, second, third, fourth, or fifth district)**

Student Name: _____ **Class:**_____

Member Name: _____

Office Address: _____

Office Phone: _____ **Office Fax:** _____

Office E-mail: _____

NCDS Member District Membership: _____
(First, Second, third, Fourth, or Fifth District)

Alliance Membership type:		**New Dentist Spouse** (first year in practice)	**Member Spouse** (Practicing for more than one year)
DISTRICT	(Component)	$ 8.00	$ 8.00
ANCDS	(Constituent)	12.00	12.00
AADA	(National)	20.00	50.00
	Total:	$ 40.00	$ 70.00

Total Dues: _____ **Check #**_____

Student Spouse *first time member dues of* **$10.00 will be paid by the** ANCDS.
($2.00(component) $3.00(constituent), and $5.00 (national)

Make checks payable to ***ANCDS,*** *and mail to:*

Ms. Barbra H. Harrell
480 Hawthorne Road
Elkin, NC 28621