

Nevada Dental Association

8863 W. Flamingo Road, Suite 102, Las Vegas, NV 89147-8718, Toll Free: 800-962-6710, 702-255-4211 Fax: 702-255-3302

TRIPARTITE APPLICATION FOR MEMBERSHIP

A processing fee of fifty dollars (\$50.00) must accompany this application. We accept Visa, Mastercard, Discover Card, AMEX or check, payable to NDA. Cash will not be accepted.

Date of Application: _____ Date of Birth: _____

Full Name: _____ DDS DMD MD

***Office Address: _____ Suite#: _____

City: _____ State: _____ Zip: _____

Office Telephone: () _____ Office Fax Number: () _____

***Home Address: _____ Unit Number: _____

City: _____ State: _____ Zip: _____ Home Phone/Mobile: () _____

***** PLEASE CHECK THE ADDRESS BEING USED AS YOUR PRIMARY MAILING ADDRESS: OFFICE HOME

Spouse Name (if applicable): _____

Email Address: _____ Website Address: _____

Nevada State Dental License #: _____ (required) ADA Number: _____ (required)

Are you licensed in other states? Yes No If yes, please list: State: _____

License Number: _____ (required) Type of Practice: _____

Dental Education:

Undergraduate School: _____ Month/Year of Graduation: _____

Dental School: _____ Month/Year of Graduation: _____

Post Graduate Study: _____ Month/Year of Graduation: _____

Referred by: _____

****Membership will not become effective until this application has been approved by the Officers of the Component Societies**

I hereby apply for tripartite membership and resolve to abide by the Bylaws and Principles of Ethics and Code of Professional Conduct if accepted into membership. I hereby approve NDA to process my credit card in the amount of fifty dollars (\$50.00) for processing this application.

Signed: _____ Date: _____

Cardholder Signature: _____

FOR CREDIT CARD PAYMENT, PLEASE COMPLETE:

C.C.# _____ Exp. Date: _____ CVC Code: _____

COMPONENT SOCIETY USE ONLY

This application for membership was presented to the _____ on ____/____/____

WAS APPROVED DISAPPROVED BY A MAJORITY OF THE MEMBERSHIP _____