



New Era Dental Society 2012 Membership Application

Membership period is for the calendar year January 1 through December 31

PROFESSIONAL INFORMATION

Please Print Clearly

Check if: New Member Renewal DOB ___/___/___ Today's Date _____

Name: First _____ Last _____ Suffix _____ DDS DMD MALE FEMALE

Preferred Mailing Address _____

City _____ State _____ Zip _____ Home Office New Address

Phone: Work _____ Fax _____ Home _____ Cell _____

Email _____ Website Address: _____

Office/Work Address: _____ Second/Third Office Address: _____

Dental School _____ Year Degree Conferred _____ Undergrad School _____ Major _____

Additional Degree(s)/Certifications _____ Do you own your own practice? Yes No

NDA Member Yes No

(Check all that apply) Executive Committee Trustee Delegate Past President Life Member First time attending CRT

PROFESSIONAL ACTIVITY

General Practice Orthodontics Endodontics Pedodontics Oral Surgery Prostodontics Oral Pathology Public Health
 Academia Other _____

Please check which committee (s) you would like to serve?

Scholarship Mentor for Kornberg and Penn USNDA, SNDA Students Economic Empowerment Membership
 Legislative Empowerment Fundraising 40th Anniversary Gala Professional Alliances

2012 NEW ERA DENTAL SOCIETY MEMBERSHIP DUES: \$175

Yes I want to be a financial member of NEDS

2012 NDA MEMBERSHIP DUES: \$395

Yes I want to be a financial member of NDA

For NEDS dues, please make check or money order payable to: New Era Dental Society, C/O Dr. Stephanie Clark, 7601 A Germantown Avenue, Philadelphia, PA 19119. For NDA dues, please make check or money order payable to NDA. We will send your NDA dues in to headquarters.

CONTRIBUTIONS

SCHOLARSHIP FUND: \$ _____

NEDS ENDOWMENT FUND: \$ _____

OTHER: \$ _____

A separate check is required for each contribution. Tax Deductible-501 (c)3