



NEW ERA DENTAL SOCIETY

MEMBERSHIP APPLICATION



Our main goal is to provide scholarship opportunities for African-American Dental Students in the Philadelphia, New Jersey and Delaware region and to encourage and promote networking opportunities for our members.

_____		_____
Name (Last, First Middle Initial)		Birth Date - Month/Day
_____		_____
Street Address		Apt No.
_____		_____
City/State/ZipCode		Email Address
() _____	() _____	() _____
Daytime Phone	Evening Phone	Cell Phone

EDUCATION:

Dental School Attended:	Year of Graduation:	Degree:
_____	_____	_____
Additional Education:	_____	_____
_____	_____	_____
_____	_____	_____

LICENSURE:

Dental License #:	State:	Date Issued:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL MEMBERSHIP DUES: (Membership dues contribute to scholarships for dental students)

Circle One: \$175.00 - Licensed Dentist \$50.00 - Undergraduate Dental Student, Dental Hygienist, Dental Assistant

_____	_____
Signature	Date

Please complete application and return with check or money order payable to:

New Era Dental Society
c/o Dr. Stephanie Clark, Treasurer
7601-A Germantown Avenue
Philadelphia, PA 19119

We are a component of the National Dental Association and therefore encourage all of our members to support the NDA by becoming an active member. For more information visit www.ndaonline.org.