

ISDS DENTAL HYGIENIST MEMBERSHIP APPLICATION

Name _____

Home Address _____

City, State, Zip Code _____

Office Address _____

City, State, Zip Code _____

Home Phone Number _____ Office Phone Number _____

Preferred Mailing Address (Check One) HOME OFFICE E-mail _____

Hygiene License Number _____

Mail \$30 to: Illinois State Dental Society, P.O. Box 376, Springfield, Illinois 62705

Checks can be made payable to ISDS, or you can use your Visa, Mastercard or AMEX.

Visa or Mastercard # _____ Expiration Date _____

Credit Card Mailing Address: _____ Security Code: _____

Hygienist Signature _____

