



Illinois State Dental Society

Tripartite Membership Application

For membership in the American Dental Association, Illinois State Dental Society and your local dental society.

Thank you for your interest in becoming a member of organized dentistry. The American Dental Association, Illinois State Dental Society and your local dental society have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed by ISDS and your local society. ISDS may request additional information and will provide you with complete information regarding membership dues as well as the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* of the ADA and ISDS, which govern the professional conduct of members.

Office Use Only

Date Received: _____ Amount: _____ Actions: _____

Name: _____ ADA Number (if known) _____
last first middle

Social Security Number: _____ Birth Month/Day/Year _____

Sex: Female Male Please indicate if you prefer to have mail sent to: Office Home Is spouse a dentist? Yes No

Primary Office Address: Street _____ City _____

State/Zip/County _____ Phone (_____) _____ Fax (_____) _____

Home Address: Street _____ City _____

State/Zip/County _____ Phone (_____) _____ Spouse Name _____

Degree: DMD DDS Other _____ e-mail address _____

Dental School _____ Graduation Date _____

Advanced Education Program _____
school/hospital city, state

Completion Date _____ Certificate/Degree _____

Program Area(s): Endo Pediatric Perio Public Health Prostho Ortho Oral Path Oral Surg General Pract.

Other _____ Is your practice limited to this specialty? Yes No

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Please indicate if: Currently practicing Looking for a dental practice opportunity in _____
city, state

Practice Description: Solo Group Partnership Associateship Clinic Faculty Federal Dental Service

Other _____

If practicing in other than a solo practice, please indicate the group of practitioner's name and location:

Name: _____ Address: _____

Licensed? Presently, State License Number _____ License Pending No Illinois License

Are/were you a member of the American Student Dental Association? Yes No If yes, from _____ to _____
year year

Please indicate your membership status in the American Dental Association:

Current member in _____ with dues paid for the _____ membership year.
state society

Was previously a member in _____ and _____ from _____ to _____
state society local society year year

New Member

Signature of Applicant

Date

Help us to recognize those members who are making organized dentistry stronger. If a current member encouraged you to join organized dentistry, please list his or her name below:

Please submit your completed application along with a copy of your degree(s) from dental school to Illinois State Dental Society, P.O. Box 376, Springfield, IL 62705.

For more information, please call 800/475-4737 or 217/525-1406.