

American Dental Association
KENTUCKY DENTAL ASSOCIATION
Local Dental Society

1920 Nelson Miller Parkway • Louisville, KY 40223
 800-292-1855 • 502-489-9121

MEMBERSHIP APPLICATION



ADA ID Number (If Known)

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Please Print or Type

Name _____			Maiden Name _____	
First	Middle	Last		
Office Address _____			Suite	County of Practice
City _____		State	Zip _____	
Phone () _____		Fax () _____		Date of Birth _____

Home Address _____			Apt. No.
City _____		State	Zip
Phone () _____		Spouse's Name _____	

All mail should be sent to Office or Home

E-mail Address _____ Office or Home

Website _____

Dental School _____ Year of Graduation _____

Type of Degree _____ General Practice _____ Limited to _____

Specialty Board Certification _____ Year _____

License Presently Pending License # _____ State _____

Were you a Student Member of the ADA? Yes No If yes, From _____ to _____

Are you currently a member of the ADA? Yes No If yes, From _____ to _____

Were you ever a member of the ADA? Yes No If yes, From _____ to _____

Are you currently a full-time Graduate Student Yes No

Current or past Graduate School or Hospital _____ Specialty or Major _____

City _____ State _____

Starting Date _____ Completion Date _____

I hereby apply for membership in the American Dental Association, the Kentucky Dental Association and my local society and resolve to abide by the Bylaws and Code of Ethics and Professional Conduct if accepted into membership.

Signature _____

Date _____

Please return application to:

Judy Brown
 Kentucky Dental Association
 1920 Nelson Miller Parkway
 Louisville, KY 40223

Remember to keep the KDA office informed of changes in office and home information.