

**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 First Middle Last Maiden Name

**Office Address** Suite County of Practice

City State Zip

Phone ( ) Fax ( ) Date of Birth

**Home Address** Apt. No.

City State Zip County

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 Specialty

Specialty Board Certification Year

License Presently  Pending  License # State

Are you currently 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:  
Membership Services  
Kentucky Dental Association  
1920 Nelson Miller Parkway  
Louisville, KY 40223

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