



Dental Student Membership Application

Become a member of your local dental society, and experience the benefits of organized dentistry while in dental school. The local dental society and California Dental Association are your links to the future of the profession and a source of essential information, which you will need in order to establish a successful dental practice.

Last Name		First Name	Middle Initial
Address – Number, Street, Apt.		City	State Zip
Phone	E-mail	Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
Fax	Date of Birth		
Dental School		Expected Year of Graduation from Dental Program	

International Dental Studies Students Only:

Country Licensed	School Name		
Year of Graduation from International Dental School	Year of International Licensure	Specialty Degree (if applicable)	

Dental Society Use Only:

ADA #: _____

I understand that by providing the fax number(s) and e-mail address(es) on this application, I consent to receive faxes and e-mails sent by or on behalf of San Francisco Dental Society (SFDS) and CDA.

Signature

Date

Please return the completed application to the following:
San Francisco Dental Society
2143 Lombard Street
San Francisco, CA 94123-2712
415-928-7337
exec@sfds.org