



ALLIED DENTAL HEALTH MEMBERSHIP APPLICATION

ELIGIBLE:

- o Any individual who is an allied dental health professional, such as hygienists, assistants, dental front office personnel, and lab technicians, who practices/works within the geographic boundaries of the San Francisco Dental Society

NOT ELIGIBLE:

- o Individuals or companies who may otherwise be considered vendors
- o Faculty of a dental school or dentists licensed in the United States

WHY JOIN?

- o To attend SFDS events and CE courses at special prices (less than non-member)
- o To get your own on-line subscription to *The Bridge*
- o **Because it is only \$50 for the whole year!**

TELL US ABOUT YOURSELF

Name _____ Title/Designation _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Office Address _____

City: _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Are you affiliated with an SFDS member dentist? Yes No

If Yes, Member Dentist's Name _____

Payment: Check Enclosed Visa MasterCard

Card # --- Exp. Date / Billing Zip Code

Cardholder Name _____ Billing Address _____

City _____ State _____ Zip _____

To Join, Fax to the SFDS at (415) 928-5297 or mail to: San Francisco Dental Society, 2143 Lombard St, San Francisco, CA 94123 ☆ Please Call (415) 928-7337 with any questions.