



**APPLICATION FOR  
DUAL or AFFILIATE MEMBERSHIP**

Applicants for *Dual Membership* in the San Francisco Dental Society have their primary practice address in an area other than the City and County of San Francisco, and are members in good standing of their local dental society. Dual members will enjoy all rights and privileges of active members of the Society, except the right to hold elective or appointive office simultaneously in another component society. 2009 Dues: \$457

An applicant for *Affiliate Membership* in the San Francisco Dental Society, who maintains membership in good standing in the ADA and who is not otherwise eligible for membership in this Society may be classified as an Affiliate member. An affiliate member shall receive the publication of the Society, the subscription price of which shall be included in the annual dues. An affiliate member shall be entitled to attend any meeting of this society at an active member's rate and to receive such other services as provided by the Board of Directors. An affiliate member shall not have the right to vote or hold elective or appointive office. 2009 Dues: \$295

Name of applicant: \_\_\_\_\_

Practice Address: \_\_\_\_\_

General Practitioner: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Prefer mail to go to: Practice Add:  Residence:

\_\_\_\_\_  
Applicant's signature Date: \_\_\_\_\_

Current member in good standing of: \_\_\_\_\_ Dental Society.

\_\_\_\_\_  
Executive Director Signature Date