



Tripartite Membership Application

For membership in the Pennsylvania Dental Association, the ADA & local dental societies.

Thank you for your interest in becoming a member of organized dentistry. The American Dental Association, Pennsylvania Dental Association and your district and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all levels of your professional association: local, district, state and national. Your application will be processed and considered by your district and local dental societies, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct the major portion of your practice. Your district or local society may request additional information and will provide you with complete information regarding membership dues.

Please complete all sections of this application. (Print or type all information.)

Name: _____

Last First Middle

Sex: Male Female

Social Security Number: _____

Birthdate: _____

Month Day Year

Primary Office Address

Street: _____

City: _____

State/Zip/County: _____

Phone: () _____

Fax: () _____

E-mail Address: _____

Advanced Education Program

School/Hospital: _____

Completion Date: _____

Program Area(s):

- Endodontics Periodontics Prosthodontics Oral Pathology General Practice
- Pediatric Dentistry Public Health Orthodontics Oral & Maxillofacial Surgery Other

Is your practice limited to the above specialty? Yes No

Please indicate if you are: Currently practicing Looking for a dental practice opportunity in _____
City/State

(PDA has a job placement service. Visit www.padental.org/placementservice for more information.)

Please indicate if you are practicing in or looking for: Solo Group Partnership
 Associateship Clinic Faculty Federal Dental Service Other

Are you practicing full time or part time? Full Time Part Time

Sponsored by: (Sponsorship is not required for membership.) _____

Please indicate if licensed: Currently _____ License Pending
(license #(s)/date(s)/state(s)) Please include specialty license information if applicable

Are/were you a member of the American Student Dental Association? Yes No If yes, from _____ to _____.

Please indicate your membership status in the American Dental Association:

Are you interested in volunteering in the local dental society? Yes No

Please submit your completed application to Pennsylvania Dental Association, Attn: Mary Donlin Quinn, 3501 North Front Street, P.O. Box 3341, Harrisburg, PA 17105, or apply online at www.padental.org. For more information, call PDA at (800) 223-0016.

Office Use Only

District Approval _____

Local Approval _____