

A reduced dues waiver is available for dental faculty who are employed full time (32 hours per week). The waiver will allow the faculty member to pay 50% less than the active full dues and is subject to reappraisal prior to the 2009 dues year.

Please forward this completed form to the Missouri Dental Association to be reviewed and approved. A written notice will be mailed to you and forwarded to your local dental society.

To be completed by the Dentist

Name _____ ADA# _____

Address/City/State/Zip _____

School: Name _____

Address _____

C/S/Z _____

Number of hours employed per week _____

I am requesting a 50% waiver of dues from the Missouri Dental Association and my local dental society (where applicable) for the _____ membership year.

Signature _____ Date _____

Verification Signature _____
(Department Chairman OR Dean of School)

To be completed by the State Office

Please check one:

- Approved Not Approved
 Returned for More Information

Please check one:

- State & Local Society
 State Only

MDA Executive Director

Date