



# Associate MEMBERSHIP APPLICATION



RETURN COMPLETED APPLICATION & PAYMENT

3340 American Ave / Jefferson City MO 65109 / Fax 573.635.0764 / Questions 573.634.3436

**Applicants must be a dental team member working for an MDA member dentist or a lab technician currently working with or for an MDA member Dentist to apply.**

Mark One  Hygienist  Dental Assistant  Dental Technician  Office Manager  Other \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Birthday (MM/DD/YY) \_\_\_\_\_ Gender  Male  Female \_\_\_\_\_  
Missouri License # (If applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

### Address Information

APPLICANT HOME ADDRESS  CHECK IF THIS ALSO IS CREDIT CARD BILLING ADDRESS

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Personal Email \_\_\_\_\_

Note: Email addresses are not provided to any outside organizations or businesses.

DENTAL OFFICE ADDRESS  CHECK IF THIS ALSO IS CREDIT CARD BILLING ADDRESS

Practice Name \_\_\_\_\_  
Dentist Employer of Applicant (Full Name) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

CREDIT CARD BILLING ADDRESS PROVIDE IF DIFFERENT THAN EITHER ADDRESS GIVEN ABOVE

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Communications:** Provided with your Associate Membership are subscriptions to the online *Focus MDA* magazine (modental.org/efocus) and the MDA Update eNewsletter. Both include information on MDA business, what's going on in the dental profession, and topics and resources relevant to the dental practice.

I would like to receive a printed version of the *Focus MDA* magazine for an additional \$25/year (6 issues). Please mail to my:  Home  Office

### Annual Dues & Payment

**MDA Associate Membership Annual Fee: \$10**  
**Print Subscription (optional) to the *Focus MDA* magazine: \$25**

Check (Payable to MDA) Amount \_\_\_\_\_  
 VISA  Mastercard  DISC Exp Date \_\_\_\_\_

\_\_\_\_\_

CSV Code 3 DIGITS, BACK OF CARD \_\_\_\_\_

Signature \_\_\_\_\_

Upon receipt and processing of your application, the MDA will send a confirmation email. For questions, contact the MDA.

### Membership Acknowledgments & Agreements

I CERTIFY THAT all statements made by me in this application are complete, true and correct. I agree that if any such statements are found to be false, or if there are material omissions made, this application may be rejected solely on those grounds, or in the event such false statement or omission does not become known to MDA until after I have been accepted, that I may be removed immediately from membership on the basis of the false statement of omission alone.

### Fax & Email Consent

I understand that by providing the fax number(s) and email address(es) in this application, I hereby consent to receive faxes and emails sent by or on behalf of MDA, MDIS and the MDA Foundation.

Name of Applicant (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_