

ADTA Membership Application 2021

American Dental Therapy Association

3705 Arctic Blvd #1126

Anchorage, AK 99503

* Required

1. Email address *

2. Please give most updated mailing address *

3. Last Name

4. First Name

5. Employer

6. Employer Mailing Address

7. Your phone number with area code

8. I have paid my 2021 membership dues: \$100 Voting Member \$50 Non-Voting Member *

Mark only one oval.

- If you need ADTA to email you an invoice, fill out next question
- FREE 2021 MEMBERSHIP THROUGH JUNE 2021

9. Email Address for ADTA to send membership invoice to

10. Dental Therapy School

11. Graduation Year

12. I hereby apply for direct membership of the American Dental Therapy Association, and resolve to abide in the bylaws, principals of ethics, and code of professional conduct if accepted into membership.

Check all that apply.

Yes

No

13. By uploading, I give permission for the American Academy of Dental Therapy to use my photo and otherwise publish, without charge or fees of any kind.

Files submitted:

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