

**MEMBERSHIP APPLICATION**  
**OREGON DENTAL ASSOCIATION/AMERICAN DENTAL ASSOCIATION**

\_\_\_\_\_ **DENTAL SOCIETY**

**INSTRUCTIONS TO APPLICANT:** *Each question must be answered fully. Use separate sheet wherever necessary.*

Name \_\_\_\_\_ DDS \_\_\_\_\_ DMD \_\_\_\_\_ Other \_\_\_\_\_  
First Middle Last Degree

Date of Birth \_\_\_\_\_ Social Security Number OMIT SSN Sex M F

**Office Address**

\_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Professional Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Directory Listing Address** (the address listing for ODA Directory)

\_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

**Home Address**

\_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Please indicate preference to have mail sent to: Office \_\_\_\_\_ Home \_\_\_\_\_

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Advanced Education Program \_\_\_\_\_ Completion Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Is your practice limited to a specialty? Yes \_\_\_\_\_ No \_\_\_\_\_ Specialty \_\_\_\_\_

American Board Certified? Yes \_\_\_\_\_ No \_\_\_\_\_ Oregon License \_\_\_\_\_ Year \_\_\_\_\_

Are/Were you a member of American Student Dental Association (ASDA) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from \_\_\_\_\_ to \_\_\_\_\_  
YYYY YYYY

Are you presently a member of the ADA? Yes \_\_\_\_\_ No \_\_\_\_\_ ADA Membership Number \_\_\_\_\_

I am \_\_\_\_\_ / was \_\_\_\_\_ a member of the following dental societies: *(Give State and local societies or Federal Dental Service)*

Has your license to practice dentistry ever been revoked, suspended, or limited for disciplinary reasons? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, state facts fully on separate sheet)

If you have ever been known by another name, please state: \_\_\_\_\_

I hereby agree to abide by the By-Laws, Principles of Ethics and Code of Professional Conduct of the \_\_\_\_\_  
Dental Society, the Oregon Dental Association, and the American Dental Association.

I recognize that membership in the \_\_\_\_\_ Dental Society, Oregon Dental Association, and the American Dental Association is a privilege. I further recognize these organizations are required to investigate the qualifications of applicants and maintain standards of conduct for members.

In order to perform adequately their investigatory and disciplinary functions, these organizations must be free to perform these functions without a fear of litigation by rejected applicants or disciplined members. Therefore, in exchange for their consideration of this application, I hereby release the organizations, their members, and anyone acting on their behalf from liability for damages for any acts performed in connection with the application or disciplinary process. This release includes, but is not limited to, claims for defamation, invasion of privacy, and intentional interference with business relationship, and applies regardless of the intent with which the act is performed. I hereby consent to any investigation of the facts disclosed in my application, to any disciplinary investigation, and to any statements made in connection with the application or disciplinary process, by whomever made and whether defamatory or not.

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

Lane County Dental Society  
2300 Oakmont Way, Suite 110  
Eugene, OR 97401  
(541) 686-1175  
Fax (541) 686-2392  
lcdsmailbox@gmail.com

Date \_\_\_\_\_

Name \_\_\_\_\_

Birthplace \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name(s) of Children \_\_\_\_\_

\_\_\_\_\_

Schools Attended \_\_\_\_\_

\_\_\_\_\_

Places & Dates Practiced Dentistry \_\_\_\_\_

\_\_\_\_\_

Specialty \_\_\_\_\_

Military Service - Dates	Rank	Branch	Unit
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\_\_\_\_\_

Organizations \_\_\_\_\_

\_\_\_\_\_

Activities & Hobbies \_\_\_\_\_

\_\_\_\_\_

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