

**TRIPARTITE  
MEMBERSHIP APPLICATION**

American Dental Association \*\* New York State Dental Association  
Dental Society

ADA #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  M  F

Name: \_\_\_\_\_  
Last First Middle

**Preferred Mailing Address:**  Home  Office

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\* Is the practice a professional corporation:  Yes  No

\* Do you also practice at other locations:  Yes  No

\* Board Certified:  Yes  No

\* Type:  General Practice  Practice Limited to \_\_\_\_\_

*(please submit documentation)*

**EDUCATION:**

**Dental:**

College Degree Grad. Yr.

**Postgraduate:**

College Degree Grad. Yr.

**Hospital, Internship, Residency and Military affiliations, past and present.**

\_\_\_\_\_  
*(Please attach documentation including starting dates and completion dates.)*

**Current or previous affiliations with dental associations.** \_\_\_\_\_  
*(Please attach an explanation and include dates & ID/ADA#)*

\*NY State License #: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

\*Are you currently registered with the NYS Education Department:  Yes  No

**If you answer YES to any of the following three questions, please attach a detailed explanation and other relevant documentation.**

\*Were you ever convicted of a felony or disciplined by a state board for dentistry or a state regents board?  Yes  No

\*Are you currently under investigation by any licensing body or dental organization, which could lead to disciplinary action?  Yes  No

\*Were you ever rejected, deferred or suspended by a state or component society of the ADA?  Yes  No

I hereby state that I will conduct my practice in accordance with the accompanying Code of Ethics, which I have read. If at any time I should violate the Code of Ethics, it is understood that my membership may be forfeited in the Component Dental Society, The New York State Dental Association, and the American Dental Association.

If elected to membership, I agree to comply with all By-laws, Codes of Ethics, and other Rules and Regulations of the Component Dental Society, The New York State Dental Association, and the American Dental Association.

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

Referred by: \_\_\_\_\_ ADA# \_\_\_\_\_