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## ALLIED DENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		License #:
Current home address:		
Preferred mailing address:		
City:	State:	ZIP Code:
Home Phone:	Office Phone:	Cell Phone:

### EMPLOYMENT INFORMATION

Harbor Dental Society Member-Dentist Employer:		
Office address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Current Position:		

### PROFESSIONAL TRAINING

School Attended:		Degree: <input type="checkbox"/> RDA <input type="checkbox"/> DA <input type="checkbox"/> RDH
City:	State:	ZIP Code:
Comments:		

### DUES INFORMATION

Annual HDS Membership Dues for ADHP Members is \$50 per year and will be billed annually in October for the upcoming membership year. Membership is valid from January 1 – December 31 of each year. Applicant employment by HDS dentist member will be verified at time of application and upon renewal. (Membership includes: [Access to free HDS online CE courses.](#))

Current Dues Amount: \$50		Form of Payment:	
Check Enclosed <input type="checkbox"/>	Visa <input type="checkbox"/>	AMEX <input type="checkbox"/>	Master Card <input type="checkbox"/>
Card #:	Expiration Date:	Zip Code of CC:	
Cardholder Name:			
Billing Address:			
City, State Zip:			

### HARBOR DENTAL SOCIETY DENTIST MEMBER SPONSOR

Member Name:	
Member Signature:	Date:

### SIGNATURES

Signature of applicant:	Date:
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### ACCEPTED INTO MEMBERSHIP (HDS USE ONLY)

Date Dues Received:	Official Date of Membership:	Date Applicant Notified:	HDS Staff Signature: