



# Maine Dental Association Application



MAINE DENTAL  
ASSOCIATION

PO Box 215, Manchester, ME 04351  
Phone: 207-622-7900 Fax 207-622-6210  
2022 Allied Dental Team Membership

MAINE DENTAL  
ASSOCIATION

### APPLICANT INFORMATION:

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Position:

Hygienist Assistant Office Manager/Staff Lab Technician Denturist Other \_\_\_\_\_

### OFFICE INFORMATION:

Employed by Dr. \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_ Website: \_\_\_\_\_

What is your preferred mailing address?  Home  Office

What is your preferred email address?  Home  Office

Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

Membership period through December 31, 2022.\*

**\*DUES AMOUNT \$50.00**

**CREDIT CARD** Visa Mastercard Discover

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

Address connected to card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Expiration Date

Security Code

**Disclaimer: There will be a \$50.00 fee for a declined card for ANY reason.**

For Office Use: Aptify  QB  NB  #