



Maine Dental Association Application



MAINE DENTAL
ASSOCIATION

PO Box 215, Manchester, ME 04351
Phone: 207-622-7900 Fax 207-622-6210
2021 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, 2021.*

***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 #