

## 2009 STUDENT MEMBERSHIP APPLICATION



**Alaska Dental Society**  
9170 Jewel Lake Rd Ste 203  
Anchorage, Alaska 99502  
(907) 563-3003

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ School \_\_\_\_\_

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

School Attending: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Are you a member of A.S.D.A.  NO  YES Which years in school? \_\_\_\_\_

Where in Alaska do you plan to locate upon graduation? \_\_\_\_\_

### AGREEMENT OF STUDENT MEMBERSHIP

Should I be elected to membership, I agree to abide by the by-laws of the American Dental Association, and the Alaska Dental Society. I further agree to abide by the Principles of Ethics and Code of Professional Conduct of these organizations. I certify that the information give above is correct and current.

ADA Number \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

You must submit ONE letter of recommendation from your dental school dean or your current supervising dentist.

This application and your letter of recommendation should be returned to the:

**Alaska Dental Society, 9170 Jewel Lake Rd, Ste 203, Anchorage, AK 99502**