

Indian Dental Association (USA)

140 Tulip Avenue, Floral Park, NY 11001

MEMBERSHIP APPLICATION
Date: _____

Name: _____
Last. First. Middle

Address: _____

City: _____

State: _____ Zip: _____

Phone: (O) () _____ (R) () _____

Email address: _____

ADA/AGD # _____

Graduate Of: _____

Year Graduated: _____

Name of spouse: _____

Children: _____

Speciality: _____

Dues:	Life Membership	\$250.00
	Annual Active Membership	\$75.00
	Annual Associate Membership	\$25.00
	Annual Student Membership	\$10.00

I hereby apply for above membership in IDA USA and authorize IDA to use this information for publication in "Directory of Indian Dentists"

Signature: _____

PLEASE MAIL WITH PAYMENT TO ABOVE ADDRESS