



Greater St. Louis DENTAL SOCIETY

Greater St. Louis Dental Society 2019 Affiliate Member Application

Deadline to apply for 2019 Membership: **9/30/19**

11457 Olde Cabin Road, Suite 300
St. Louis, Missouri 63141

314-569-0444 / Fax 314-569-0448 www.greaterstlouisdentalsociety.org

Your Contact Information

Name: _____

I am a current 2019 ADA Member ADA # _____

Office Address: _____

Zip Code: _____ Office Phone: _____

E-Mail Address: _____

Home Address: _____

Zip Code: _____ Home or Cell Phone: _____

How did you learn of GSLDS Affiliate membership? GSLDS website colleague received information
 other _____

ADA Membership/Education

State Association: _____ Local Society: _____

General Practice: _____ Specialty: _____
(List Specialty)

Dental School: _____ Date of Graduation: _____

Graduate School: _____ Date of Graduation: _____

Payment Information

I hereby apply for Affiliate Membership with the Greater St. Louis Dental Society and remit the sum of \$185.00 as dues for the calendar year 2019.

Check (*payable to Greater St. Louis Dental Society*) Visa MasterCard

Credit Card #: _____ Expiration Date: _____
(Indicates approval for credit card payment)

CC Billing Address/Zip Code: _____

Signature: _____ Date: _____

**Please complete and return with dues to:
Greater St. Louis Dental Society • 11457 Olde Cabin Road • Suite 300 • St. Louis, MO 63141**

Please Note: Dentists who submit their paid applications for Affiliate Membership in the Greater St. Louis Dental Society by the 9/30/19 deadline are eligible for free registration benefit to attend the 2019 Mid-Continent Dental Congress on November 14 & 15, 2019 at the St. Charles Convention Center.