



Greater St. Louis DENTAL SOCIETY

Greater St. Louis Dental Society
11457 Olde Cabin Rd., Ste. 300
St. Louis, MO 63141
314-569-0444/fax 314-569-0448
www.greaterstlouisdentalsociety.org

REQUEST FOR MEMBERSHIP LIST

- All requests for membership lists must be submitted in writing accompanied by a sample of the material for which they are to be used and can only used on a one-time basis.
- Please allow one week to process all requests.
- GSLDS respects the privacy of its members and does not provide email addresses.

Please send the completed request form, sample material, and payment by mail or email to:

- GSLDS, Attn: Carrie Allen, 11457 Olde Cain Rd., Ste. 300, St. Louis, MO 63141 carrie@stlouisdental.org

Membership List Fee (for Vendors): \$200

Membership List Fee (for Member Dentists): \$40

Processing Fee: \$20

Purchaser: _____

Address: _____

Phone: _____

Email: _____

Fee: \$ _____

The above named individual/organization agrees to the above rules/regulations regarding the use of the Greater St. Louis Dental Society's membership list _____ (initial).

Check - payable to Greater St. Louis Dental Society Visa MasterCard AMEX

CC#

Expiration Date

Credit Card Billing Address

Signature (indicates approval for charges on your account)



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Please specify what fields you need, in order for us to process your request.

Organization Name: _____ Date Requested: _____

Please select the member classification:

- All Practicing Retired New Dentist (Less than 10 yrs. out of dental school)

Please select the information fields you want included:

- All Name Address City State Zip County
- Office Phone Dental School Grad. Year Specialty 2nd/3rd Office (if applicable)

Please select which specialty you want included:

- All General Practice Oral Surgery Endodontics Orthodontics
- Pediatric Periodontics Prosthodontics Oral Pathology

Please select how you prefer the date sorted:

- Alphabetically by Last Name Zip Code Order

If other, please specify: _____