



# Greater St. Louis DENTAL SOCIETY

**Greater St. Louis Dental Society**  
**2026 Affiliate Member Application**  
Deadline to apply for 2026 Membership: **8/28/26**

2 CityPlace Drive, Suite 70  
St. Louis, Missouri 63141  
314-569-0444 / Fax 314-569-0448 [nikki@stlouisdental.org](mailto:nikki@stlouisdental.org)

## Your Contact Information

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

☐ I am a current 2026 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 \$225.00 as dues for the calendar year 2026.

☐ 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: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return with dues to:**  
**Greater St. Louis Dental Society • 2 CityPlace Drive • Suite 70 • St. Louis, MO 63141**

**Please Note:** Dentists who submit their paid applications for Affiliate Membership in the Greater St. Louis Dental Society by the 8/28/26 deadline are eligible for free registration benefit to attend the 2026 Mid-Continent Dental Congress on September 24-25, 2026, at St. Louis Union Station.