



ALLIED DENTAL TEAM MEMBERSHIP

Thank you for your interest in becoming an Allied Dental Team Member of the New Hampshire Dental Society. This application and an attached check expresses your desire to be a member of an organization whose mission is to assist its members in providing and promoting the highest levels of oral health care and to disseminate information which will advance the dental profession and the health of the public. The New Hampshire Dental Society believes strongly that dentistry must be delivered with a team approach with the Dentist at the head of the team. We invite you to apply and we will notify you in a very timely fashion of your acceptance. By signing this application you agree to abide by the Constitution & Bylaws of the New Hampshire Dental Society and its Principles of Ethics & Code of Professional Conduct, which are in essence the Principles & Codes of the American Dental Association



APPLICANT INFORMATION

Applicant Name:

Date: _____

Applicant Address:

Applicant Phone:

Applicant EMAIL:

HYGIENIST

CERTIFIED DENTAL ASSISTANT

TRADITIONAL DENTAL ASSISTANT

ADMINISTRATIVE STAFF

LAB TECHNICIAN

OFFICE INFORMATION

CURRENT Office / Dentist Name:

Office Phone:

Office Address:

Office EMAIL:

I would prefer to receive mail at: HOME

WORK

BIOGRAPHICAL INFORMATION

School or Training Program:

Graduation / Completion Date:

Have you ever been convicted of a felony? if yes, please explain below:

Date of Birth: _____

MALE

FEMALE

PREFER NOT TO ANSWER



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LICENSED INDIVIDUALS

Hygienists currently licensed in New Hampshire: NH LICENSE NUMBER: _____

Hygienists NOT licensed in New Hampshire: YEAR LAPSED: _____

Has your license ever been revoked? If yes, please explain below:

[Text input box]

[Text input box]

EXTRAS

Please list any/ all activities, additional education, specialized training, associations or affiliations:

[Text input box]

[Text input box]

[Text input box]

[Text input box]

The purpose of the New Hampshire Dental Society is to assist its members in providing and promoting the highest professional levels of oral health care for the citizens they serve and to disseminate knowledge pertaining to the advancement of health. As an organized body, the New Hampshire Dental Society encourages its individual members to be collectively effective with the issues that confront them and serves as an advocate for the advancement of the profession.

payment information:

\$25.00 - 1 YEAR MEMBERSHIP

CREDIT CARD CHECK

NAME ON CARD: [Text input box]

CREDIT CARD NUMBER: [Text input box]

CREDIT CARD EXP DATE: [Text input box]

SECURITY CODE: [Text input box]

AUTHORIZED SIGNATURE: _____

Please complete application and include \$25.00 fee. If paying with credit card, please include cc number on this application and scan to athorpe@nhds.org. You may also fax application to 603-226-4880.

If paying by check, : NHDS 23 South State Street Concord, NH 03301

