



# Membership Application

Nashville Dental Society • Tennessee Dental Association • American Dental Association

660 Bakers Bridge Road • Suite 304 • Franklin, TN 37067 • 615-628-3300 • FAX 615-628-3333  
Website [www.NashvilleDental.org](http://www.NashvilleDental.org) • Email [andrea@nashvilledental.org](mailto:andrea@nashvilledental.org)

Name \_\_\_\_\_  
LAST FIRST MIDDLE

### PRIMARY OFFICE ADDRESS

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_

### HOME ADDRESS

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Is your spouse a dentist?  Yes  No

Degree  DMD  DDS

Other: \_\_\_\_\_

ADA ID (if known)  
\_\_\_\_\_

Date of birth (MM/DD/YR)  
\_\_\_\_\_

Male  Female

### Preferred Mailing Address

Office  Home

### EDUCATION

Dental School: \_\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postgraduate Study: \_\_\_\_\_, \_\_\_\_\_  
SCHOOL CITY ST COUNTRY

Completion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate/Degree \_\_\_\_\_

Specialty \_\_\_\_\_ Board Certified  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PRACTICE AND LICENSING

Full time  Part time  Not currently practicing

Solo  Group  Partnership  Associateship  Clinic  Public Health  Other \_\_\_\_\_

Full-time Dental Faculty  Part-time Dental Faculty Institution \_\_\_\_\_

If practicing in other than a solo practice, please indicate the group or practitioner's name and location:

Name \_\_\_\_\_ Address \_\_\_\_\_

License State \_\_\_\_\_ License # \_\_\_\_\_ Year: \_\_\_\_\_

### MEMBERSHIP HISTORY

Are/were you a member of the American Student Dental Association?  Yes  No If yes, from \_\_\_\_\_ to \_\_\_\_\_  
YEAR YEAR

Please indicate your current membership in the American Dental Association:

Current member in \_\_\_\_\_ with dues paid for the \_\_\_\_\_ membership year.  
STATE YEAR

Was previously a member in \_\_\_\_\_ and \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
STATE LOCAL YEAR YEAR

Referred by: \_\_\_\_\_

I am registered with the Licensing Board for the Healing Arts in Nashville, Tennessee. I have passed the Board of Dentistry Examination for the State of Tennessee. It is my intention to practice dentistry in this State and in \_\_\_\_\_ County. I certify that this information is true and accurate to the best of my knowledge. I agree to be governed by American Dental Association Code of Ethics in all of my professional relations and to subscribe to the Constitution and Bylaws of the Nashville Dental Society and the Tennessee Dental Association.

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