



# TEAM Membership Application

TDA TEAM Membership was established for non-dentist employees sponsored by Texas Dental Association members who are: hygienists, dental assistants, business assistants or dental laboratory personnel.

## 2010 Membership Dues are \$10.00

**Please print or type.** Photocopies of this application may be utilized.

Applicant's Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: (\_\_\_\_) \_\_\_\_\_ Social Security No: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_  Male  Female Please send all mail to:  Office  Home

**NOTE: Sponsoring dentist must be a TDA member.**

Sponsoring Dentist: \_\_\_\_\_  
First Middle Last

ADA Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Check the category that most closely describes your position in the dental office:**

Dental Hygienist  Dental Assistant  Dental Laboratory Technician  Business Assistant

License #: \_\_\_\_\_

**Please enclose \$10.00 with each form completed. You can pay with a check or credit card:**

- **If mailing a check**, please make check payable to: "Texas Dental Association."
- **If paying by credit card**, please complete the blanks below:

Visa or  MasterCard Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total Charge: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail form(s) and payment to: Texas Dental Association; 1946 S. IH-35, Suite 400; Austin, TX 78704.**

Questions? Please call the TDA Membership Department at: (512) 443-3675.

**For Office Use Only:** Date App. Rcvd: \_\_\_\_\_ Date Posted: \_\_\_\_\_ Check # \_\_\_\_\_