



## **ASSOCIATE MEMBERSHIP APPLICATION**

**Qualifications for membership:** Individual other than a dentist who is engaged in an area of activity related to dentistry and has a vested interest in the affairs of the Maryland State Dental Association. This is an **INDIVIDUAL membership**, not a company membership and you may not advertise your company as being a member of the MSDA in any way. The MSDA Board of Trustees shall approve or decline membership. **Registered dental hygienists and assistants qualify in this category.**

**Benefits:** Subscription to MSDA printed newsletter ♦ listing in the printed MSDA Membership Directory under Associate Member ♦ Member rates on advertising and courses

**Dues:** \$175.00 per year

Checks should be payable to the MSDA & mailed to the address noted below along with this completed application.

We also accept VISA/MASTERCARD/DISCOVER/AMEX.

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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

Business Name (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

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

**Return to: MSDA via Fax: (410) 964-0583 or [membership@msda.com](mailto:membership@msda.com)  
Questions, contact MSDA Membership at (410) 964-2880.  
MSDA 8901A Herrmann Drive ♦ Columbia, MD 21045**