

MSDA



Maryland State Dental Association

AFFILIATE MEMBERSHIP APPLICATION

Qualifications for membership: Dentists who are members in good standing of another constituent society of the American Dental Association but who have an interest in the activities of the Maryland State Dental Association.

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

Dues: \$200.00 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 Address: _____

Office Phone: _____ Fax: _____

Email address: _____

Website: _____

I am a member of the _____ State Dental Society/Association in the state of _____. I certify that I am a member in good standing of my main constituent society of the ADA and wish to apply for Affiliate membership in the MSDA.

Signature: _____ Date: _____

Return to: MSDA via Fax: (410) 505-1210 or membership@msda.com

Questions, contact MSDA Membership at (410) 964-2880, option 2.

MSDA 8901A Herrmann Drive ♦ Columbia, MD 21045