



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) 505-1210 or membership@msda.com
Questions, contact MSDA Membership at (410) 964-2880, option 2.
MSDA 8901A Herrmann Drive ♦ Columbia, MD 21045