

**TRIPARTITE  
MEMBERSHIP APPLICATION**

American Dental Association \*\* New York State Dental Association  
Ninth District Dental Assn. 364 Elwood Ave., Hawthorne, NY 10532

ADA #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  M  F

Name: \_\_\_\_\_  
Last First Middle

**Preferred Mailing Address:**  Home  Office

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\* Is the practice a professional corporation:

Yes  No

\* Do you also practice at other locations:

Yes  No

\* Board Certified:

Yes  No (please submit documentation)

\* Type:  General Practice  Practice Limited to \_\_\_\_\_

**EDUCATION:**

**Dental:**

College	Degree	Grad. Yr.
---------	--------	-----------

**Postgraduate:**

College	Degree	Grad. Yr.
---------	--------	-----------

**Hospital, Internship, Residency and Military affiliations, past and present.**

*(Please attach documentation including starting dates and completion dates.)*

**Current or previous affiliations with dental associations.** \_\_\_\_\_  
*(Please attach an explanation and include dates & ID/ADA#)*

\*NY State License #: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

\*Are you currently registered with the NYS Education Department:  Yes  No

**If you answer YES to any of the following three questions, please attach a detailed explanation and other relevant documentation.**

\*Were you ever convicted of a felony or misdemeanor or disciplined by a state board for dentistry, state regents board, other governmental agency, or other dental or professional organization?  Yes  No

\*Are you currently under investigation by any licensing body, governmental agency, or dental or other professional organization, which could lead to disciplinary action?  Yes  No

\*Were you ever disciplined or had an application for membership rejected, deferred or suspended by a state or component society of the ADA, or other dental or professional organization?  Yes  No

I hereby state that I will conduct my practice in accordance with the accompanying Code of Ethics, which I have read. If at any time I should violate the Code of Ethics, it is understood that my membership may be forfeited in the Component Dental Society, The New York State Dental Association, and the American Dental Association.

If elected to membership, I agree to comply with all By-laws, Codes of Ethics, and other Rules and Regulations of the Component Dental Society, The New York State Dental Association, and the American Dental Association. I attest that all the above information is true to the best of my knowledge.

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

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

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

ADA# \_\_\_\_\_