Overview

Founded in 1870, the Wisconsin Dental Association's mission is to advance the interests of its members and the dental profession by promoting professional excellence and quality oral health care for the public.

We provide our 3,000 members and dental teams with various services, including legislative and lobbying work, contract analysis, continuing education, peer review, public and patient awareness programs, dental practice programs and endorsed products and services.



The WDA extends associate membership to dental team members, including:

- Dental assistants
- Lab technicians
- Dental office staff

Note there are seperate membership categories for dentists and dental hygienists.

The WDA began offering associate membership in 1993 to unite the dental team with a shared goal of strengthening the dental profession in Wisconsin.

Benefits

WDA associate members receive:

- Reduced continuing education fees at InSession On the Road and other WDA offerings.
- Direct access to programs from Professional Insurance Programs and West Bend Mutual Insurance: life, disability, group health, homeowner and auto.
- Access to the WDA Foundation's Dentists
 Concerned for Dentists program. DCD provides
 compassionate, confidential help for individuals
 dealing with the emotional aspects of stress,
 depression and chronic illness, as well as those
 dealing with addictions.
- A subscription to the WDA Journal at a reduced rate of \$25 per year.
- Access to Association Members Only, an office supply distributor offering meet-or-beat pricing, a four percent cash rebate on every order, free delivery with a minimum order of \$50 and easy return policy. You can purchase supplies for your home and/or office through this program.



www.wda.org

Application for Associate Membership

☐ Dental Assistant	Dental Office Staff
☐ Lab Technician	
Name	
Office/Company Name	•
Address	
City, State, Zip	
() Daytime Phone	()Fax
Date of Birth	Email address
	er year for all associate es. WDA membership is good n which you join. Dues are
PAYMENT INFORMATIC	N
Return this section wit Wisconsin Dental Asso	h your check, payable to the ciation and mail to:
Wisconsin Dental Asso 6737 W. Washington St Suite 2360 West Allis, WI 53214	
Signature	



Join Today!

Mail or fax your application to:

Wisconsin Dental Association, Inc. 6737 W. Washington St. Suite 2360 West Allis, WI 53214

FAX: 414-755-4115

For more information about WDA associate membership, contact Brian Cooley at 414-755-4114 or bcooley@wda.org.

Wisconsin Dental Association, Inc. 6737 W. Washington St., Suite 2360 West Allis, WI 53214

Associate Membership for the Dental Team



Surround yourself with *success*

