Tripartite Membership Application

PLEASE SCAN/EMAIL OR FAX YOUR COMPLETED APPLICATION TO RACHAL GUNDERSON AT 206.973.5208 OR RACHAL@WSDA.ORG

Ada #(if known):		**Degree:** DDS ☐ DMD ☐		**Date of Birth:**
NAME:	**Last:**	**First:**	**Middle:**	**Gender:** M ☐ F ☐
Cell Phone:		**Email:**		
Home Address:				
City:		**State:**	**Zip:**	
Preferred phone: Cell: ☐ Office: ☐		**Mail to:** Office: ☐ Home: ☐		

Ethnic Background:
Caucasian ☐ Asian ☐
Native American ☐
African American ☐
Hispanic ☐ Other ☐

PRIMARY OFFICE

Office Address:		
City:	**State:**	**Zip:**
Office Phone:	**Fax:**	**Practice website:**

EDUCATION/SPECIALTY

Dental School:		**Year of Graduation:**
PostGrad/Residency:	**Degree:**	**Year of Graduation:**

Does your specialty designation meet the guidelines or requirements for specialties approved by the Commission on Dental Accreditation and the Council on Dental Education of the ADA? If a box is not checked, you will be listed as a general practitioner. **You must submit a copy of your specialty degree/diploma to be listed as a specialist.**

If so, check one:	Endo ☐ Pediatric ☐ Perio ☐ Public Health ☐ Prostho ☐ Ortho ☐ Oral Path ☐ Oral Surg ☐ Other ☐

LICENSURE

Is your practice incorporated? Yes ☐ **No** ☐	**License Number**	**Date of Licensure:**
Have you ever had disciplinary charges made, or disciplinary actions taken, against you by any State dental association or state agency? Yes ☐ No ☐		

Electronic Signature:

By entering my name, I hereby certify that the information contained herein is true and correct. I agree to abide by the Articles of Incorporation, Bylaws and Code of Ethics of the American Dental Association and the Washington State Dental Association.

MEMBERSHIP INFORMATION

Do you currently? Own your own practice ☐ Work as an associate: ☐ Name of Practice Owner:
Work in a corporate practice: ☐ Name of Group Practice and Practice Owner:

How did you hear about membership with the WSDA? Referred by colleague ☐ Name:
WSDA mailing ☐ ADA mailing ☐ Component Society Outreach ☐ Pacific Northwest Dental Conference ☐ Other:

What is your main reason for joining the Tripartite system (ADA, WSDA, Component society)? Advocacy ☐ Pacific Northwest Dental Conference ☐ Networking ☐ ADA communications ☐ Endorsed Company Discounts ☐ Component Society Meetings ☐ Peer Review ☐ Regulatory & Legal Assistance ☐ The Source ☐ ADA Great West Insurance ☐ Other:

LOCAL COMPONENT SOCIETY USE ONLY

Society: _____ **Date:** _____ **Membership Denied** ☐

Signature: _____ **Approved by WSDA:** _____