

Texas Academy of Pediatric Dentistry

Application for Membership

Please check the category you are requesting; the dues amounts are attached to the corresponding category.

Active \$300 Faculty (≥80%) \$150 Associate \$150 Student \$0
 1st Year Practice Member \$150 Affiliate General Dentist \$150 Retired \$0
 Life \$0 Friends of Pediatric Dentistry \$150 Inactive \$0

Name _____

Last First MI

Mailing Address _____

Street City Zip

Day Time Phone _____ Fax _____

Specialty _____ Email _____

Texas Dental License No. _____ ADA No. _____

Dental Education _____

Institution Degree

Specialty Training _____

Institution Degree/Certificate

Current Texas Dental Association component society _____

Please check the areas in which you would like to be involved:

- mentor program/membership
- legislative/political issues
- continuing education planning
- Medicaid/C.H.I.P./Texas Dentists for Healthy Smiles issues
- newsletter/publications/website
- other _____

Please enclose your dues payment with this form. You may pay by check or credit card.

Please select your method of payment. We accept VISA and MasterCard.

Check (Make payable to TAPD)

Credit Card Number _____ - _____ - _____

Exp. Date _____ CVV# _____ (3 digit code on the back of the card /anti-theft requirement)

Return to Executive Secretary:

Monica Fairchild
577 Country Club Road
Fairview, TX 75069
Email: email@tapd.org