Texas Academy of Pediatric Dentistry
Application for Membership

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

_____Active $300 _____ Faculty (≥80%) $150 _____Associate $300
_____Student $0 _____1st Year Practice Member $150

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_____ C.V.V.2#_____ (3 digit code on the back of the card at the end of the account # /anti-theft requirement)

Return to Executive Secretary:

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