



Team Membership Application

TDA TEAM Membership was established for non-dentist employees sponsored by Texas Dental Association members who are: hygienists, dental assistants, business assistants or dental laboratory personnel. Team members may participate in insurance and other TDA Perks programs.

2016 Membership Dues are \$10.00

Please print or type. Photocopies of this application may be utilized.

Applicant's Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

Home Tel: (_____) _____ Social Security No: _____ Birthdate: _____

Email: _____ Male Female Please send all mail to: Office Home

NOTE: Sponsoring dentist must be a TDA member.

Sponsoring Dentist: _____
First Middle Last

ADA Number: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Ofc. Tel: (_____) _____ Fax: (_____) _____ Email: _____

Check the category that most closely describes your position in the dental office:

Dental Hygienist Dental Assistant Dental Laboratory Technician Business Assistant

License #: _____

Please enclose \$10.00 with each form completed. You can pay with a check or credit card:

- **If mailing a check**, please make check payable to: "Texas Dental Association."
- **If paying by credit card**, please complete the blanks below:

Visa or MasterCard Credit Card #: _____ Exp. Date: _____

Total Charge: \$ _____ Signature: _____

Mail form(s) and payment to: Texas Dental Association; 1946 S. IH-35, Suite 400; Austin, TX 78704.

Questions? Please call the TDA Membership Department at: (512) 443-3675.

For Office Use Only: Date App. Rcvd: _____ Date Posted: _____ Check # _____