



# Rhode Island Dental Association

875 CENTERVILLE RD • BLDG. 4, SUITE 12 • WARWICK, RI 02886

P: (401) 825-7700 • F: (401) 825-7722

WWW.RIDENTAL.ORG

## AFFILIATE MEMBERSHIP APPLICATION

*Any dentist practicing in any other state than Rhode Island, who is a member of the American Dental Association in such state, may apply for an affiliate membership. Please send the application directly to the Rhode Island Dental Association at the address above or email to [madeline@ridental.org](mailto:madeline@ridental.org).*

Name: \_\_\_\_\_ ADA Number: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

\_\_\_\_\_ Office Fax: \_\_\_\_\_

\_\_\_\_\_

Office(2) Address: \_\_\_\_\_ Office(2) Phone: \_\_\_\_\_

\_\_\_\_\_ Office(2) Fax: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Mailing Address:

Home       Office       Office 2

*Affiliate membership dues is \$141 with an optional \$300 dues assessment to pay for four (4) RIDA continuing education events (excluding OSHA) throughout the year. Without the dues assessment, affiliate members pay \$150 per course. Please make your check out to the "Rhode Island Dental Association" and mail it with this application to the address above **or** fill out the credit card form below.*

Please charge my card for the following:

- Affiliate Dues \$141 (mandatory)
- Dues Assessment \$300

Total \_\_\_\_\_

Credit Card Payment Information – Visa or Mastercard ONLY:

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_