



Orange County Dental Society
 295 S. Flower St
 Orange, CA 92868-3414
 (714) 634-8992
membership@ocds.org
www.ocds.org

ALLIED DENTAL HEALTH PROFESSIONAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		License #:
Current home address:		
Preferred mailing address:		Email:
City:	State:	ZIP Code:
Home Phone:	Office Phone:	Cell Phone:

EMPLOYMENT INFORMATION

OCDS Member Dentist Employer:		
Office address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Current Position:		

PROFESSIONAL TRAINING

College/School Attended:		Degree Earned:
City:	State:	ZIP Code:

Comments:

DUES INFORMATION

Annual Membership Dues for ADHP Members is \$50 per year and will be billed annually in October for the upcoming membership year. Membership is valid from January 1 – December 31 of each year. Dues will be pro-rated for applicants joining throughout the year. (Applicant employment by OCDS dentist member will be verified at time of application and upon renewal.) **Membership includes:** [Access to free OCDS online CE courses](#) and the **Members Only** section of the [OCDS website](#), [OCDS meetings & events at member prices](#) and a subscription to the *Impressions* magazine. [Does not include entrance to the OCDS Hospitality Suite.](#)

Current Dues Amount:	Must be Paid by:		
Payment: <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Visa/MC	<input type="checkbox"/> AE	<input type="checkbox"/> Discover Card
Card #:	Expiration Date:	Security Code:	
Cardholder Name:			
Billing Address:			
City, State Zip:			

OCDS DENTIST MEMBER SPONSOR

Member Name:	
Member Signature:	Date:

SIGNATURES

Signature of applicant:	Date:
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ACCEPTED INTO MEMBERSHIP (OCDS USE ONLY)

Date Dues Received:	Official Date of Membership:	Date Applicant Notified:	OCDS Staff Signature: