



# SACRAMENTO DISTRICT DENTAL SOCIETY DENTAL HEALTH PROFESSIONAL (DHP) MEMBERSHIP APPLICATION



## WHY JOIN?

- to attend SDDS events, CE courses & the MidWinter Convention at discounted DHP rates
- to get your own subscription to the *Nugget*
- because you love and support SDDS!
- **because it's only \$95 for the whole year!**

### ELIGIBLE:

- any individual who is in the dental health profession, such as hygienists, assistants, lab technicians & county agency representatives
- \* *doctors may sign up their staff or staff may sign up individually*

### NOT ELIGIBLE:

- companies or individuals who may otherwise be considered "vendors"

**DOCTOR SPECIAL: Doctors, sign your staff up for DHP membership for just \$85 each!**

I AM A STAFF MEMBER SIGNING UP & PAYING FOR MYSELF     I AM AN SDDS MEMBER DOCTOR SIGNING UP & PAYING FOR MY STAFF MEMBER

STAFF NAME: \_\_\_\_\_ TITLE/DESIGNATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS:     HOME     OFFICE

IS POTENTIAL DHP MEMBER AFFILIATED WITH AN SDDS MEMBER DENTIST?     YES     NO

IF YES, MEMBER DENTIST'S NAME: \_\_\_\_\_

MEMBER DENTIST'S OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PAYMENT:     CHECK ENCLOSED     BILL ME     VISA     MASTERCARD

CARD #:     -     -     -        EXP. DATE:   /      3-DIGIT SECURITY CODE ON BACK OF CARD:

CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*SDDS STAFF SIGNATURE*



TO JOIN, FAX TO SDDS AT (916) 447-3818 OR MAIL TO: SACRAMENTO DISTRICT DENTAL SOCIETY  
915 28<sup>TH</sup> STREET / SACRAMENTO, CA 95816 • PLEASE CALL (916) 446-1227 WITH ANY QUESTIONS

