

ILLINOIS DENTURIST ASSOCIATION

APPLICATION FOR ANNUAL MEMBERSHIP

DATE- ___/___/___ NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EDUCATION: HIGH SCHOOL GRADUATE? YES__ NO__
TECHNICAL SCHOOL ATTENDED _____
DEGREES EARNED _____
TECHNICAL CERTIFICATIONS (CDT) YES ___ NO ___
SPECIALTIES _____

WORK EXPERIENCE FOR THE PAST FIVE YEARS OR EXPLAIN THE MOST
RECENT FIVE YEARS WORK EXPERIENCE IN THE DENTURE LABORATORY

NAME OF SUPERVISOR _____

CITIZENSHIP (COUNTRY OF RESIDENCY) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES__ NO__

APPLICATION FEE \$170.00

CHECK ONE: PAID ONLINE _____ or CHECK ENCLOSED: CHECK # _____

I have answered the above questions truthfully and to the best of my abilities. I understand that any false statements will void this application and I will forfeit my application fee. I agree to the mission and vision statement of the Illinois Denturist Association.

Signature _____ Date ___/___/___

Please email application to: nda@nationaldenturist.com and pay online here:

<http://www.illinoisdenturist.com/join-the-ida/>

Or mail application completed with check (payable to Illinois Denturist Association) to:

Illinois Denturist Association
c/o National Denturist Association, USA
P. O. Box 2960
Florence, OR 97439