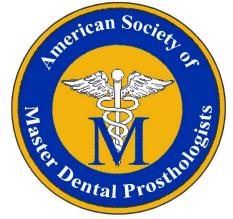




American Society of Master Dental Prosthologists, Inc.

146-21 13th Avenue, – Whitestone, NY 11357
Voice & Fax: (718) 746-8355
Website: WWW.ASMDT.COM – E-mail: asmdt1@aol.com



ASMDT ANNUAL MEMBERSHIP APPLICATION for 2008

Please PRINT Clearly:

Enclose a \$100 Check payable to: **American Society of Master Dental Prosthologists, Inc.**
Also necessary is your Passport-size color photograph.

Last Name _____ First _____ M.I. _____

Your Date of Birth _____ Spouse's Name _____

Your Social Security Number _____ Graduation Date: _____

Home Address _____ Apt.# _____

City _____ State _____ Zip + 4 _____

Home Phone w/area code _____ Home Fax w/area code _____

Cell Phone w/area code _____ email address _____

Pager w/area code _____ Beeper/Car w/area code _____

Business Name _____

Business Address _____

Specialty _____

City _____ State _____ Zip + 4 _____

Work Phone w/area code _____ Work Fax w/area code _____

Watch or 250 Business Cards

Even if you are renewing your membership, Please:

Be sure to include a color passport size photograph of yourself with this application.