



Pima Dental Study Club, Inc.
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(520) 326-5567
pimadental@gmail.com
www.pimadentalstudyclub.com

Membership Application

Annual Membership Dues: \$150.00

Membership is granted to individuals on a calendar year basis. Membership dues are waived through the end of the calendar year for new dental school graduates who apply for membership. For established dentists, dues are prorated by half to \$75 after June 30. Submit membership applications with dues.

Please Print

Name: First, MI, Last, Designations _____

Clinic Name: _____

Practice Owner Associate Retired

Mailing Address: Clinic Alternate

Clinic Address: *City/State/Zip Code* _____

Alternate Address: *City/State/Zip Code* _____

Primary Phone: *circle one clinic/cell/home/other* _____

Alternate Phone: *circle one clinic/cell/home/other* _____

Primary Email: _____

Alternate Email: _____

Website: _____

Education

Pre-Dental School _____

Degree(s) _____ Year Graduated _____

Dental School(s) _____

Degree(s) _____ Year Graduated _____

Dental Specialty/Practice Area _____

Have You Ever Had A License Revoked? Yes No

If Yes, Through What Component? _____

How did you hear about PDSC? _____

Would you be interested in presenting a CE program to the club?

Yes No Topic _____

CE topics of Interest _____