

# Will County Dental Society

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Geneva, IL 60134  
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http://willcounty.isds.org

## Associate Membership Application

Name \_\_\_\_\_ ADA Number \_\_\_\_\_

WCDS Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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Alternate Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web Site Address \_\_\_\_\_

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Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Spouse Name \_\_\_\_\_ Is spouse a dentist?  Yes  No

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Please indicate where you would like mail sent:  WCDS Office Address  Alternate Office Address  Home Address

Degree:  DMD  DDS  Other \_\_\_\_\_

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Advanced Education Program \_\_\_\_\_ Graduation Date \_\_\_\_\_

Specialty:  Endo  Pediatric  Perio  Public Health  Prostho  
 Ortho  Oral Path  Oral Surg  General

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Please attached your dues payment or credit card information below; and, mail, fax, or email to the WCDS office.

Credit Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_