

Will County Dental Society

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http://willcounty.isds.org

Associate Membership Application

Name _____ ADA Number _____

WCDS Office Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Alternate Office Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____ Web Site Address _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Spouse Name _____ Is spouse a dentist? Yes No

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

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: _____