500 8th Avenue, Ste. 110
Fort Worth, Texas 76104
817-560-0414 office
843-283-7999 after hours
877-470-7344 fax

AMERICAN ACADEMY
OF SMALL DIAMETER IMPLANTS

Member ❑
Affiliate ❑
Student ❑

Personal Information

Name: _____
First Middle Last

DOB: ____/_____/_____ **State/Country of Licensure:** _____ **License Number:** _____

Gender: Male ❑ Female ❑ **Credentials:** ❑ DDS ❑ DMD ❑ Other _____

Practice Information

My practice is limited to: ❑ **General Dentistry** ❑ **Periodontics** ❑ **Oral Surgery** ❑ **Other** _____

Are you a member of the military or employed by a federal agency? ❑ **Yes** ❑ **No** **If yes, please list** _____

_____

Primary Office Address

Street: _____ **State** _____ **Zip** _____

Country (if out of the US) _____ **Office Phone** _____

Alternative Phone _____ **Email** _____

Website Address _____

Do you practice at more than one location?: Yes ❑ **No** ❑

Note: The Academy never supplies telephone numbers or email addresses to any outside firm or organization.

Education

Dental School _____ **Degree** _____ **Date** _____

Graduate/Specialty Training (if any) _____

Payment:

Credit card information for payment of dues and application fee is required when the membership application is submitted. Past members are not required to pay application fee when rejoining.

Check #_____ Credit Card (Check One): ❑ Visa ❑ MasterCard Expiration Date: _____/_____

Credit Card # __ __ __ __ --- __ __ __ __ --- __ __ __ __ --- __ __ __ __ Security Code: _____