

MICHIGAN STATE DENTURIST SOCIETY
APPLICATION FOR ANNUAL MEMBERSHIP

DATE-_____/_____/_____

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

EDUCATION: HIGH SCHOOL GRADUATE? YES__ NO__
TECHNICAL SCHOOL ATTENDED _____
DEGREES EARNED _____
TECHNICAL CERTIFICATIONS (CDT) YES__ NO__
SPECIALTIES _____

WORK EXPERIENCE FOR THE PAST FIVE YEARS OR EXPLAIN THE MOST
RECENT FIVE YEARS WORK EXPERIENCE IN THE DENTURE LABORATORY

PLEASE GIVE NAME OF SUPERVISOR_____

CITIZENSHIP (COUNTRY OF RESIDENCY) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES__ NO__

APPLICATION FEE \$100.00 ENCLOSED. CHECK NUMBER _____
PLEASE MAKE CHECK PAYABLE TO MSDS

I have answered the above questions truthfully and to the best of my abilities. I understand that any false statements will void this application and I will forfeit my application fee. I agree to the mission and vision statement of the M.S.D.S.

Signature _____ Date __/__/__

Please mail application completed with check to:

MSDS
4337 E. Grand River #180
Howell, MI 48843-7595