



# Greater St. Louis DENTAL SOCIETY

## Greater St. Louis Dental Society 2024 Affiliate Member Application

Deadline to apply for 2024 Membership: **9/30/24**

11457 Olde Cabin Road, Suite 300  
St. Louis, Missouri 63141

314-569-0444 / Fax 314-569-0448 [www.greaterstlouisdentalsociety.org](http://www.greaterstlouisdentalsociety.org)

### Your Contact Information

Name: \_\_\_\_\_

I am a current 2024 ADA Member ADA # \_\_\_\_\_

Office Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

How did you learn of GSLDS Affiliate membership?  GSLDS website  colleague  received information  
 other \_\_\_\_\_

### ADA Membership/Education

State Association: \_\_\_\_\_ Local Society: \_\_\_\_\_

General Practice: \_\_\_\_\_ Specialty: \_\_\_\_\_  
(List Specialty)

Dental School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

### Payment Information

I hereby apply for Affiliate Membership with the Greater St. Louis Dental Society and remit the sum of \$200.00 as dues for the calendar year 2024.

Check (payable to Greater St. Louis Dental Society)  Visa  MasterCard

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Indicates approval for credit card payment)

CC Billing Address/Zip Code: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Please complete and return with dues to:  
Greater St. Louis Dental Society • 11457 Olde Cabin Road • Suite 300 • St. Louis, MO 63141**

**Please Note:** Dentists who submit their paid applications for Affiliate Membership in the Greater St. Louis Dental Society by the 9/30/24 deadline are eligible for free registration benefit to attend the 2024 Mid-Continent Dental Congress on October 24 & 25, 2024 at the St. Louis Union Station.