



Greater St. Louis DENTAL SOCIETY

Greater St. Louis Dental Society 2025 Affiliate Member Application

Deadline to apply for 2025 Membership: **8/29/25**

2 CityPlace Drive, Suite 70
St. Louis, Missouri 63141

314-569-0444 / Fax 314-569-0448 www.greaterstlouisdentalsociety.org

Your Contact Information

Name: _____

I am a current 2025 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 \$225.00 as dues for the calendar year 2025.

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 • 2 CityPlace Drive • Suite 70 • St. Louis, MO 63141**

Please Note: Dentists who submit their paid applications for Affiliate Membership in the Greater St. Louis Dental Society by the 8/29/25 deadline are eligible for free registration benefit to attend the 2025 Mid-Continent Dental Congress on September 25 & 26, 2025, at the St. Louis Union Station.