

INDIAN DENTAL ASSOCIATION OF CALIFORNIA

Membership Application

YOUR
PASSPORT
SIZE
PHOTOGRAPH
(OPTIONAL)

MEMBER'S INFORMATION

NAME _____ DOB _____ LIC.# _____ PRACTICE _____

OFFICE ADDRESS _____

RESIDENCE ADDRESS (OPTIONAL) _____

TELEPHONE Office _____ Residence _____ Fax _____

EMAIL ADDRESS _____

SCHOOL IN INDIA _____ YEAR OF GRADUATION _____

SCHOOL IN USA _____ YEAR OF GRADUATION _____

SPECIALTY IN _____ HOBBIES _____

WILLING TO SERVE (A) Administration ___ (B) Cultural Program ___ (C) C.E. Course ___ (D) Recreational Events ___ (E) Other ___

ADA Member: Yes ___ No ___ Other Membership _____ Referred by Dr. _____

FAMILY INFORMATION (OPTIONAL)

SPOUSE'S NAME _____ DOB _____ Occupation _____ Talents _____

CHILDREN'S NAME (1) _____ (2) _____ (3) _____

PATRON MEMBER:	Any lifemember in good standing (PEOPLE OF INDIAN ORIGIN ONLY)	\$1000
LIFE MEMBER:	One time fee gives privilege of membership for the whole life (PIO ONLY)	\$ 400
ANNUAL MEMBER:	Membership fee for one year Jan. 1 – Dec. 31 (PIO ONLY)	\$ 100
STUDENT MEMBER:	Full time Student Members, all activity benefits but cannot vote (PIO ONLY) (Dentist taking Lic. Exams are to be considered as student members, until licensed)	\$ 25

Mail To: Indian Dental Association
4195 Chino Hills Pkwy., #522
Chino Hills, CA 91709

For More Information Please contact:
951-532-2741
or visit us at www.ida-ca.org

ACCEPTED: YES _____ NO _____

PAYMENT RECEIVED _____

CHECK NO. _____

ZIP CODE _____

MEMBER CODE _____