

ILLINOIS DENTURIST ASSOCIATION

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

NAME OF SUPERVISOR_____

CITIZENSHIP (COUNTRY OF RESIDENCY) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES__ NO__

MEMBERSHIP APPLICATION FEES

CHECK ONE: Regular Member: \$170 _____ Associate Member: \$75 _____

CHECK ONE: PAID ONLINE _____ or CHECK ENCLOSED: CHECK # _____

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 Illinois Denturist Association.

Signature_____ Date___/___/___

Please email application to: contact@illinoisdenturist.com and pay online here:
<http://www.illinoisdenturist.com/join-the-ida/>

Or mail application completed with check (payable to Illinois Denturist Association) to:

Illinois Denturist Association
P.O. Box 423
Mendota, IL 61342