



**Corporate Membership Application  
Academy for Sports Dentistry**

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

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

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

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Company Website \_\_\_\_\_

**Membership fee \$350.00**  
**All Corporate Memberships must be approved by the ASD Board of Directors.**

Please complete the entire form and return with appropriate fees (**U.S. Funds**) or complete credit card payment request.

Ms. Shelly Lott  
Executive Secretary  
Academy for Sports Dentistry  
118 Faye Street, P.O. Box 364  
Farmersville, Illinois 62533  
Phone: 800-273-1788 US • Outside the US 217-227-3431  
Fax: 217/227-3438  
Email: [sportsdentistry@consolidated.net](mailto:sportsdentistry@consolidated.net)

Make checks payable to: Academy for Sports Dentistry or check appropriate credit card:

MasterCard       Visa

Account # \_\_\_\_\_ Expires \_\_\_\_\_ Code \_\_\_\_\_

Billing Address \_\_\_\_\_

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



**Academy for Sports Dentistry  
Corporate Membership Standards and Guidelines**

On behalf of \_\_\_\_\_(company/organization name),  
I hereby indicate by my signature our company's endorsement of the Academy for Sports  
Dentistry's Corporate Membership Standards and Guidelines, without exception. In doing so, we  
agree to do our best to comply with the requirements and principles contained therein.

Through this statement of endorsement and compliance, we affirm our strong support of the  
Academy's dedication to the advancement of Sports Dentistry. We are proud to offer our  
collaboration:

Printed Name \_\_\_\_\_

Printed Title \_\_\_\_\_

Printed Company Name \_\_\_\_\_

Company E-Mail \_\_\_\_\_

Company Website \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_