



**Membership Application
Academy for Sports Dentistry**

Name _____ Date _____

Title _____ Specialty Title _____

Office Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Office Phone _____ Fax _____

E-Mail _____

Sport/League/Team _____

Sport/League/Team _____

Dentist \$195 ATC \$120 Dental Auxiliaries \$120 Student \$50.00 (does not
include journal subscription)

Team Affiliations - in order to be listed in the annual Academy Membership Directory-Team Affiliation Section, members must verify team affiliations by providing two official references with telephone numbers and addresses on an annual basis. If there is a successful challenge to the team affiliation listing, a member has 30 days to obtain in writing verification of the affiliation by a team official on team stationery. Failure to respond in 30 days may result in expulsion from the Academy with no refund of dues.

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

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

MasterCard Visa

Account # _____ Expires _____ Code _____

Billing Address _____

Signature _____ Date _____