

**REDWOOD EMPIRE DENTAL SOCIETY  
APPLICATION FOR  
ALLIED DENTAL HEALTH PROFESSIONAL MEMBERSHIP**

**An applicant for Redwood Empire Dental Society Allied Dental Health Professional membership** is an individual who functions within a dental office as a **Dental Health Professional**, such as hygienists, assistants, and laboratory technicians, or who is affiliated with the field of dentistry as an individual, not a company. Applications for Allied Dental Health Professional membership will be presented to the REDS Board of Directors for acceptance upon receipt of dues, business letterhead, business cards and any additional advertising materials related to functioning as a Dental Health Professional in Sonoma, Lake or Mendocino Counties.

**Name of Applicant** \_\_\_\_\_

**Residence Address** \_\_\_\_\_ **Number** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Suite** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**E-Mail address** \_\_\_\_\_ **Website** \_\_\_\_\_

**Prefer mail to go to**      **Business Address**       **Residence**

**Are you affiliated with an REDS Member Dentist?**    **Yes**       **No**

**If yes, Member Dentist's Name** \_\_\_\_\_

**Describe Function within Dental Office or Affiliation with the Field of Dentistry**

\_\_\_\_\_  
\_\_\_\_\_

**Promotional Materials included:**

**Business Cards**  **Letterhead**  **Brochures**  **Yellow Pages**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**