Illinois State Dental Society
ISDS
Education · Legislation · Communication

Illinois State Dental Society
Dental Hygienist
Membership Application

Name

Illinois License Number

Home Address

City: State: Zip:

Primary Employer / dentist name:

Office Address

City, State, Zip

Phone Numbers: Home: Office:

Fax:

Preferred Mailing Address (check one) Home ❒ Office ❒

e-mail address:

Mail $50 check payable to: ISDS - P.O. Box 376 – Springfield, IL 62705 or

charge to your credit card and fax back to 217/525-8872.

Name on Card:

VISA, MasterCard, Discover or AMEX #

Expiration Date:

Your Credit Card Billing Address:

Signature Security Code: