



2012

Academy of
LDS Dentists

STUDENT MEMBERSHIP FORM

THERE IS NO CHARGE FOR MEMBERSHIP WHILE
BEING A STUDENT - OR FOR 2 YEARS AFTERWARDS!

THIS MEMBERSHIP FORM IS NEEDED FROM YOU EACH YEAR.

Last Name _____ First Name _____ M.I. _____ Male Female

Home Address _____ City _____ State _____ Zip _____

Country (if not USA) _____ Home # (_____) _____ Cell # (_____) _____

EMAIL(REQUIRED): _____ Birth Year: _____

The **Academy of LDS Dentists** would like to know more about you.
Information will be used for Academy business only.

What years will you be in dental / hygiene school? (Circle all that apply) 2012 2013 2014 2015 2016 2017

May we share your contact information with other members of Student Chapters? Yes - or - No

May we share your contact information with other Academy members? Yes - or - No

If you are married, what is the name of your spouse? _____

Name of current School: _____ Expected Yr. of Graduation: _____

Where did you receive your Undergrad. Degree? _____ In what? _____

What city / state would you like to practice in? _____

What foreign languages do you speak? _____

Are you interested in participating in service projects? Yes - or - No // Domestic - or - Abroad

FOUR WAYS TO BECOME A STUDENT MEMBER:

1. **FAX THIS FORM TO:** (801) 422-0739
2. **CALL TELEPHONE NUMBER:** (801) 422-8925
3. **REGISTER ONLINE AT:** <http://LDSdentist.byu.edu>
4. **MAIL THIS FORM** (to the address below)

ACADEMY OF LDS DENTISTS
BYU Conferences and Workshops
115 Harman Continuing Education Bldg.
Provo, Utah 84602

WE'RE GLAD YOU'VE CHOSEN TO BE AN ACADEMY MEMBER!