



2012

Academy of
LDS Dentists

STUDENT MEMBERSHIP FORM

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

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!