

**CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY  
ACTIVE MEMBERSHIP APPLICATION**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Application

Name (Last)	(First)	(MI)	e-mail address			Office Website Address (if any)	
			@				
Office # 1	Street Address	City	State	Zip	Telephone	Fax	
Office # 2	Street Address	City	State	Zip	Telephone	Fax	
Home	Street Address	City	State	Zip	Telephone	List home phone in Directory? Yes ____ No ____	
Spouse Name	List Spouse in Directory Yes ____ No ____	Preferred CSPD Mailing Address office ____ home ____			CSPD Bulletin Electronic Format Only Yes ____ No ____		Date of Birth / /

**PROFESSIONAL TRAINING (List Month & Year)**

Institution	Undergraduate School		Dental School		Intern/Residency		Degree/Certificate
	From	To	From	To	From	To	

**HISTORY OF EXCLUSIVE PRACTICE, TEACHING OR RESEARCH IN DENTISTRY**

Dates		Place	Practice %	Teaching %`	Research %
From	To				

CSPD requires membership in the American Academy of Pediatric Dentistry. This implies that you are an applicant, a student member or an active member of the American Dental Association.

I satisfy the requirements of membership. \_\_\_\_ Yes / No \_\_\_\_

Make checks payable to:  
California Society of Pediatric Dentistry  
Mail to:  
CSPD  
P.O. Box 221608  
Carmel, CA 93922

Application Fee: \$25

Annual Dues: \$350

*dues will apply to the 2012 year - Total: \$375*