



# Korean America Dental Assn. Membership Application Form

Please fill out the form completely and return to the KADA.

E: kadausa2018@gmail.com

## NEW DENTIST

### Contact information:

Name: \_\_\_\_\_ Gender: \_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Practice address: \_\_\_\_\_

City/zip \_\_\_\_\_

#### Practice type:

- Private
- Corporate/ Large group practice
- Community health
- Dental school/Academia

#### Size of practice:

- 1-5 staff
- 6-10 staff
- 11-25 staff
- >26 staff

Undergraduate School: \_\_\_\_\_ Dental School: \_\_\_\_\_

Specialty: \_\_\_\_\_ Years in practice: \_\_\_\_\_ Years as an ADA member: \_\_\_\_\_

Volunteer POSITIONS at local, state, or national associations:

What information are you most interested in obtaining?

- practice management    clinical techniques    work/ life balance
- corporate vs. private practice    other

Tell us about yourself! What are your interests outside of dentistry?

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Number of MENTORS you would like \_\_\_\_\_

Please include a current photo of yourself and attach it to this form.