



## Membership Directory Request

Name: \_\_\_\_\_

Organization or Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Area/Phone: \_\_\_\_\_

Area/Fax: \_\_\_\_\_

**Cost: \$45**

### **Payment Method:**

Check made payable to: SCDA

Check # \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Visa  MasterCard  Discover  AMEX #: \_\_\_\_\_

Exp.: \_\_\_\_\_ vCode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The South Carolina Dental Association agrees to furnish the above membership directory containing the names and addresses of its members. However, the use of the directory as a general mailing list for solicitation is prohibited, except by specific authority.

I have read and agree to the above statement regarding the use of the SCDA membership directory.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return request to: SCDA Attn: Christy Meador  
Marketing & Membership Director  
120 Stonemark Lane  
Columbia SC 29210  
Or fax: 803/750-1644**