

SOUTH CAROLINA DENTAL ASSOCIATION
MEMBERSHIP UPDATE FORM

Please note: The SCDA and the ADA are using the same database. If you let us know of changes to be made, there is no need to contact the ADA.

This form can be emailed to Christy Meador at meadorc@scda.org, faxed to 803-750-1644 or mailed to SCDA Membership, 120 Stonemark Lane, Columbia, SC 29210.

ADA Number: _____

Name: _____

Degree: _____ Specialty: _____

Nickname: _____ Birth Date: _____

Preferred Mailing Address: Office Home Mailing Address

Office Address: _____

Office Phone: _____ Office Fax: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email: _____

Website: _____

Spouse Name: _____

Would you like to Mentor a new member: Yes No

Please indicate which, if any, task forces or committees on which you would like to serve:

Task Forces

- Amalgam Separators
- Bioterrorism
- Give Kids A Smile
- Convention Oversight
- Legislation
- MUSC College of Dental Medicine

Committees

- Annual Convention
- Children's Dental Health Month
- Committee on the New Dentist
- Dentist Advocacy & Assistance
- Dental Benefits Programs
- Diversity
- Ethics
- Investment/Financial Audit
- Membership
- Mediation
- Medicaid Dental Program
- Necrology
- Nominating
- Strategic Planning