

**Join Today!**

Mail or fax your application to:

Wisconsin Dental Association, Inc

6737 W Washington St

Suite 2360

West Allis, WI 53214

Fax: 414-755-4117

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6737 W Washington St  
Suite 2360  
West Allis, WI 53214



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*Associate  
Membership  
for  
the  
Dental Team*

*Surrounding Yourself  
With Success*

**Tel: 800.364.7646  
www.wda.org**

## Wisconsin Dental Association Associate Membership Benefits

The Wisconsin Dental Association was founded in 1870. Our mission is to serve the dental profession in its goal of providing ethical, quality oral health care. We provide our members with a variety of services including legislative and lobbying work, contract analysis, continuing education, peer review, public relations programs, dental practice programs, as well as endorsing products and services to provide additional benefit to our members.



### Associate Membership

The WDA extends Associate Membership to members of the dental team—hygienists, assistants, lab technicians and dental office staff. Associate membership began in 1993, and was developed to unite the dental team to form one association for the betterment of the profession of dentistry.

WDA Associate Members will receive :

- Reduced fees on continuing education at the WDA Jewel of the Great Lakes and other WDA offerings.
- Complimentary Annual Continuing Education Tracking Form.
- Direct access to the WDAIP and West Bend Mutual Insurance Programs. Offerings include: life, disability, group health, homeowner's and auto insurance.
- Access to the WDA's Dentists Concerned for Dentists Program which works to provide compassionate, confidential help for individuals dealing with chemical abuse or alcohol dependency.
- A subscription to the WDA Journal at a reduced rate of \$25.00 per year.
- Access to Association Members Only, an office supply distributor that offers meet or beat pricing, a 4% cash rebate on every order, free delivery with a minimum order of \$50.00 and an easy return policy. You may purchase supplies for your home or office through this program.



### Application for Associate Membership

Please select your job position

- Dental Hygienist     Dental Office Staff  
 Dental Assistant     Lab Technician

\_\_\_\_\_  
Name

\_\_\_\_\_  
Office Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of Birth

Dues for Associate Membership for all categories are \$20/year. WDA membership is good for the calendar year in which you join. Dues are non-refundable.

Method of payment

- Check  
 Visa  
 MasterCard

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature

Zip code where statement is received: \_\_\_\_\_

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