
A reduced dues waiver is available for dental faculty who are employed full time (32 hours per week). The waiver will allow the faculty member to pay 50% less than the active full dues.

Please forward this completed form to the Missouri Dental Association to be reviewed and approved. A written notice will be mailed to you and forwarded to your local dental society.

Remit to: 3340 American Ave, Jefferson City, MO 65109 or fax: 573.635.0764

To be completed by the Dentist

Name _____ ADA# _____

Address/City/State/Zip _____

School: Name _____

Address _____

C/S/Z _____

Number of hours employed per week _____

I am requesting a 50% waiver of dues from the Missouri Dental Association and my local dental society (where applicable) for the _____ membership year.

Signature _____ Date _____

Verification Signature _____
(Department Chairman OR Dean of School)

To be completed by the State Office

Please check one:

Approved Not Approved Returned for More Information

MDA Executive Director

Date