



DENTAL TRADE ALLIANCE

2300 Clarendon Blvd., Suite 1003 • Arlington, VA 22201
(703) 379-7755 • Fax: (703) 931-9429
www.dentaltradealliance.org

DTA MEMBERSHIP APPLICATION!

To apply for membership in DTA, complete the form below. Please consult the DTA Dues Schedule to identify your dues category based on your company's annual dental sales. Please call us with any questions about calculating your dues for the first year of membership, or any issues regarding membership in DTA.

Apply for membership today!

1) Complete the following information: Date _____

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip or Postal Code _____

Phone _____ Fax _____ Email _____

Website _____

Member Category

Associate: Consultant Distribution Cooperative Management Representative Media Finance

Distributor

Laboratory

Manufacturer

2) Indicate the amount and method of payment: \$ _____

Check (Enclosed) American Express Visa Mastercard

Card Number _____ Expiration Date ____/____/____

Name on Card _____ Signature _____

3) Mail or fax your application to:

**Dental Trade Alliance
2300 Clarendon Blvd., Suite 1003
Arlington, VA 22201**

Phone: 703-379-7755 Fax: 703-931-9429

E-mail: info@dentaltradealliance.org • www.dentaltradealliance.org

Note! Dues in the Dental Trade Alliance may be deductible to members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable contributions. Please consult your tax advisor for individual assistance in specific situations.