



Pima Dental Study Club, Inc.
PO Box 65832, Tucson, AZ 85728
(520) 326-5567
pimadental@gmail.com
www.pimadentalstudyclub.com

2026 Membership Application
Annual Membership Dues: \$315
Includes 1 prepaid 2026 CE registration fee.
(Add \$10 for Paypal payments)
(Late registration fee extra, not transferable.)

PDSC membership is granted to individuals on a calendar year basis. Dues are waived for new dental school graduates who apply for membership in the same year that they graduate. For established dentists, dues are \$205 after June 30. Submit application with dues which can be paid by check, bill pay, Zelle or Paypal.

Please Print

Name: First, MI, Last, Designations _____

Clinic Name: _____

☐ Practice Owner ☐ Associate ☐ Retired ☐ Resident ☐ Corporate ☐ Other

Preferred Mailing Address: ☐ Clinic ☐ Alternate

Clinic Address: City/State/Zip Code _____

Alternate Address: City/State/Zip Code _____

Primary Phone: circle one clinic/cell/home/other _____

Alternate Phone: circle one clinic/cell/home/other _____

Primary Email: _____

Alternate Email: _____ Website: _____

Education

Pre-Dental School _____

Degree(s) _____ Year Graduated _____

Dental School(s) _____

Degree(s) _____ Year Graduated _____

Dental Specialty/Practice Area _____

Have You Had A License Revoked? ☐ Yes ☐ No If Yes, Through What Component? _____

How did you hear about PDSC? _____

Would you be interested in presenting a CE program to the club? ☐ Yes ☐ No Topic _____

Would you be interested helping the club plan CE programs? ☐ Yes ☐ No Topic _____

CE topics of Interest _____

PDSC collects these details to register you as a member and keep you apprised of club activities. Member contact information is not shared with other parties. A club directory and bylaws are available to members for personal reference upon request. PDSC uses email for member correspondence and all event notices. USPS is used for invoicing and special correspondence. Your signature indicates your express acceptance of club email correspondence, meeting registration and club policies, and agreement to keep us apprised of any contact point updates. Dues may be submitted by check or by card to Zelle or Paypal at pimadental@gmail.com.

Signature _____ Date _____