



Hellenic American Dental Society, Inc.
Mail-in Membership Application

Mail below application with payment
payable to 'HADS, Inc.' to:

HADS
P.O. Box 2505
Glenview, IL 60025-2505

Payment (or donation) enclosed \$ _____
Please provide details on how to allocate your payment (dues, dinner
package, etc. Visit hads.com for selection of membership levels):

Please take me off your mailing list

HADS MEMBERSHIP/UPDATE FORM (please print legibly):

Name: _____
Title: DDS DMD RDH other _____
This mailing address is: Business Personal
Street address _____
City _____ State _____ Zip _____
Cell Ph (____) _____ - _____ Alternate Ph (____) _____ - _____
E-mail address: _____
Dental School _____ Yr of Grad _____
Specialty (if any) _____ Spouse's name: _____

Check # _____ sent on ___/___/20___

Your dues may be tax deductible - consult with your financial advisor.
Retain a copy of this page for your records.