



## *Tennessee Valley Member Registration Form*

First Name, Last Name, Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

How did you hear about AADOM? \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Practice Specialty: \_\_\_\_\_ Practice Management Software: \_\_\_\_\_

Are you a spouse of the dentist? \_\_\_\_\_ Solo or Group Practice? \_\_\_\_\_

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Membership (one year): \$100 Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Please make check payable to: Tennessee Valley Chapter, AADOM

This will affiliate you as a local Tennessee Valley Chapter Member.

For AADOM National (American Association for Dental Office Management) Membership, please go on the website [www.dentalmanager.com](http://www.dentalmanager.com) and click on the **Join Now** button to complete the national membership application.