

TEXAS DENTAL ASSOCIATION

Membership Reactivation – Reapplication Form

This form must be filled out by those reactivating or reapplying for membership in the Texas Dental Association.

Name: _____ ADA #: _____
Office Address: _____ Home Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: _____ Phone: _____
Fax: _____ Email: _____

Which address should we use as your primary mailing address? Home Office

TDA District of previous membership: _____

Last year of membership in district: _____

Are you aware of any unresolved Peer Review or Ethics & Judicial complaints from your previous membership? YES _____ NO _____

If YES, explain: _____

PLEASE NOTE: Resolution 107-1997-H which states:

Resolved, that the *Bylaws* of the TDA be amended by the addition of a new section F to be named “Re-application-Special Cases Related to Disciplinary Proceedings” in Chapter I, Sec 60 which reads:

Prior to consideration for reinstatement of membership in the component society, an applicant must agree, in-writing, that if elected, he/she will face all pending charges or complaints, whether they be judicial, ethical, peer review, levied against the individual while a previous member of the component society of this Association. Resigning or allowing membership to lapse when there are pending ethical, judicial, or peer review proceedings shall be considered unethical conduct. A resignation from membership, or a membership lapse prior to final resolution of any ethical, judicial or peer review proceeding, which gives rise to a charge of possible unethical conduct, shall be considered a pending charge a former member must face.

I have read Resolution 107-1997-H and understand that I must face any pending ethics, judicial, or peer review charges or complaints prior to consideration for reinstatement of membership.

Signed

Date