

First Time Applicant - Graduating This Year

If you graduated from a California dental school this year and are a student member of a component dental society, please contact the San Joaquin Dental Society to join!

1. **By Phone** - Contact the San Joaquin Dental Society and request a transfer of membership (209-951-1311). Please have the following information ready to provide our staff:
 - ADA Number
 - Dental School
 - Year of Graduation
 - Full Name
 - Prior Component
 - Current Practice Address (street, city and zip)
 - Phone Number

2. **By FAX or E-mail** - Complete the following information and e-mail or fax it to the San Joaquin Dental Society.
 - ADA Number
 - Dental School
 - Year of Graduation
 - Full Name
 - Prior Component
 - Current Practice Address (street, city and zip)
 - Phone Number

FAX – 209-951-1321

Email – DentalSociety@sbcglobal.net