



# MSDA

MEDICAID / SCHIP  
DENTAL ASSOCIATION

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## ANNUAL MEMBERSHIP APPLICATION--DUES STATEMENT

MEMBERSHIP YEAR: **January 1 - December 31, 2011**

**Please select the appropriate membership type:**

**REGULAR MEMBER:**     **\$100.00**     **Free to First Time Member**

Regular membership is open to all state and federal Medicaid and CHIP dental program representatives. Regular members who submit an Annual Membership Application and pay dues on or before **March 1, 2011** are entitled to full voting privileges. Regular members who submit a Membership Application and/or pay dues after **March 1, 2011** will be ineligible to vote at the Annual Business Meeting. **Please indicate:**

- State Medicaid Agency
- State CHIP Agency
- Combination Medicaid/CHIP Agency

**ASSOCIATE MEMBER:**     **\$ 50.00**

Associate members include individuals in any public agency, voluntary organization, or tribal entity, and health professionals employed by or interested in Medicaid/CHIP dental programs. Associate members are not eligible to vote. **Please check below all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> State/Local Public Health Department (Title V)     | <input type="checkbox"/> Philanthropy  |
| <input type="checkbox"/> State/Local Public Health Department (Non-Title V) | <input type="checkbox"/> Dental Trade Industry   |
| <input type="checkbox"/> CMS  | <input type="checkbox"/> Professional Association: _____   |
| <input type="checkbox"/> Other Federal Agency (non-CMS)                     | <input type="checkbox"/> Other organization: _____   |
| <input type="checkbox"/> Dental-Dental Hygiene School                       | <input type="checkbox"/> Clinical Practice: <input type="checkbox"/> Private <input type="checkbox"/> Public Clinic                    |
| <input type="checkbox"/> Other Health (MD; RN; PA; NP) School               | <input type="checkbox"/> DMD <input type="checkbox"/> RDH <input type="checkbox"/> Medical <input type="checkbox"/> Other Health Prof. |

**CONTRIBUTING SUPPORTER:**     **\$ 500.00 +**

Private (for-profit) and not-for-profit organizations or businesses that have an interest in Medicaid/CHIP dental programs including but not limited to state dental associations, dental managed care and/or dental trade organizations, but who otherwise do not qualify for membership under the Regular or Associate membership categories. Organization members and their designated representatives may not serve as officers or directors of the Corporation or have voting rights.

**Please make checks payable to "MSDA" and submit this form and payment to Mary E. Foley, Executive Director, at address above. Please complete the following:**

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Company: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Rev. Mar. 2011

Date Payment Received: \_\_\_\_\_ Check # \_\_\_\_\_ Date Receipt Mailed: \_\_\_\_\_ Admin. Initials \_\_\_\_\_