Alliance Invitation for Membership

Come join other dental spouses in fun and fellowship as we plan our community service projects! Are you unable to attend? No worries! Your membership contributes to TMOM (Texas Missions of Mercy) Projects and so much more!

Thank you for your support!

\$40	40 Regular Membership		Spouses of SADDS Members	
\$35 Associate Membership		Dentists and Military Spouses		
\$30	Life Membership		35-Year Members of ASADDS	
\$30			Widows of SADDS Members and Those	
				orious Service to ASADDS
	The deadline to submit	this form is J	uly 31st. Checks pa	ayable to ASADDS.
Full Name			Spouse's Full Name	
Home	Address			
				May we text? (Circle)
Home Phone #		Cell Phone #		Yes / No
Email A	Address			
Emergence Contact (first and last name)		Emergency Phone #		
Please	e check the membership st	atus(es) that	may apply:	
Re	gular New Member	Associate _	Military	Life Honorary
**	For more information related	d to the Alliand	ce, please visit www	v.thealliance-sadds.com**

Please send membership forms and dues to Denise Bruchmiller, Membership Chair

373 Menger Springs, Boerne, TX 78006

denise.bruchmiller@gmail.com (210) 275-6197