



MEMBERSHIP UPDATE FORM

Name:

Organization:

Address:

City/State/Zip:

Phone:

Email:

Active Member Of (underline all that apply):

Access to Care / Workforce / Public Policy

Communications / Research & Surveillance

Fluoridation (ad hoc) / Maternal & Prenatal (ad hoc)

Please specify what you would like to update below:

Send completed form to: nysohc@oralhealthtac.org