



**Dental Education Leadership League of  
Baltimore / Annapolis, Maryland  
2024 Membership Registration**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_

(Office): \_\_\_\_\_

Preferred Method of Contact (Circle One):    **CALL**    **TEXT**    **EMAIL**

Practice Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Years in the Dental Field: \_\_\_\_\_

The Dental Education Leadership League of Baltimore/Maryland (**BAM**) yearly membership dues are **\$150**. Active membership will allow you to participate in at least 4 in-person meetings and ALL Virtual meetings for 2024 and access to our private members-only Facebook page.

Checks made payable to Danielle Dailey, President of DELL-BAM and registration form can be mailed to **South River Dental Care, Attention: Danielle Dailey, 969 Central Avenue, East, Edgewater, Maryland 21037**.

Venmo payments can be paid to @aadombam (Heather Agee) and registration forms can be emailed back to [bamdell.president@gmail.com](mailto:bamdell.president@gmail.com).

---

***To be completed by board member:***

Payment made via:    Check # \_\_\_\_\_

Venmo (Date) \_\_\_\_\_

Deposit Date: \_\_\_\_\_





**Dental Education Leadership League of  
Baltimore / Annapolis, Maryland  
2024 Photo & Video Release Form**

I, \_\_\_\_\_, grant permission to the Dental Education Leadership League of Baltimore/Annapolis, Maryland here in after knows as the "Media" to use my image (photographs and/or video) for use in Media publications including but not limited to: social media platforms (i.e. Facebook, Instagram, LinkedIn, Twitter, etc.), the Dental Education Leadership League of Baltimore/Annapolis, Maryland website or any BAM-DELL flyer or event marketing.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation from or related to the use of the image.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

