

Membership Application and Dues Statement 2018

Membership period is for calendar year January 1, 2018 - December 31, 2018

Personal Information

Check New Member Renewal _____ Year Joined

Name _____ Spouse's Name _____
First M Last Will he/she be active with the auxiliary? Yes No

Business Address _____
Street

City/State Zip

Business Phone _____ Business Fax _____ E-mail _____

Preferred Address Business Home

Home Address _____
Street

City/State Zip

Home Phone _____ Home Fax _____ E-mail _____

Preferred Method of Receiving Correspondence Mail Fax E-mail

New Member Information

Male Female DDS DMD

Dental School _____ Year Conferred _____

Additional Degrees/Certificates _____

GDS Dues

- | | |
|---|------------|
| <input type="checkbox"/> Active Members | \$300.00 |
| <input type="checkbox"/> 2015/2016 Graduate | \$150.00 |
| <input type="checkbox"/> 2017 Graduate | No Payment |
| <input type="checkbox"/> 2018 Graduate | No Payment |

Additional Contributions: **All contributions are tax deductible –501(c) 3, except the political action contribution

GDS Scholarship**	\$ _____
Political Action Contribution	\$ _____
Contribution towards GDS SNDA Mentoring Program**	\$ _____
McRae/Orrington Scholarship	\$ _____

Dr. Willis J. Walter Endowed Scholarship Initiative**	\$ _____
Subtotal	\$ _____
Total	\$ _____

Dues are payable now until December 31, 2017. Dues are delinquent after February 15, 2018. A \$25.00 late fee will be assessed after February 15, 2018.

Make check or money order payable to Georgia Dental Society
Mail to: Georgia Dental Society
P.O Box 875, Jonesboro, Georgia 30237

To pay using MasterCard or Visa visit
www.georgiadentalsociety.org **and use PayPal**

Signature _____ **Date** _____