

Membership Application and Dues Statement 2016

Membership period is for calendar year January 1, 2016 - December 31, 2016

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"/> 2013 Graduate | \$150.00 | |
| <input type="checkbox"/> 2014 Graduate | No Payment Due | |
| <input type="checkbox"/> 2015 Graduate | No Payment Due | Subtotal \$ _____ |

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

Dues are payable December 2015. Dues are delinquent after March 2016. A \$25.00 late fee will be assessed after March 2016 for GDS Dues.

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** _____