



# Membership Application and Dues Statement 2019

Membership period is for calendar year January 1, 2019- December 31, 2019

## 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

- Active Members \$300.00
- 2016/2017 Graduate \$150.00
- 2018 Graduate No Payment
- 2019 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, 2018. Dues are delinquent after February 15, 2019. A \$25.00 late fee will be assessed after February 15, 2019.

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](http://www.georgiadentalsociety.org) and use PayPal

Signature \_\_\_\_\_ Date \_\_\_\_\_