



P.O Box 875  
 Jonesboro, Georgia 30237  
 Phone/Fax 229-247-6694  
 Web www.georgiadentalsociety.org

## Membership Application and Dues Statement 2012

Membership period is for calendar year January 1, 2012 - December 31, 2012

### 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 \_\_\_\_\_ Cell 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 \_\_\_\_\_

## INVOICE

### GDS Dues

<input type="checkbox"/> Active Members	\$300.00	
<input type="checkbox"/> 2010 Graduate	\$150.00	
<input type="checkbox"/> 2011 Graduate	No Payment Due	
<input type="checkbox"/> 2012 Graduate	No Payment Due	
	<b>Subtotal</b>	\$ _____

### Additional Contributions

<b>GDS Scholarship**</b>	\$ _____
Political Action Contribution	\$ _____
Contribution towards SNDA attendance at GDS Summer/Fall mtgs	\$ _____
<b>Dr. Willis J. Walker Endowed Scholarship Initiative **</b>	\$ _____
<b>** Tax deductible charitable contribution – 501(c)3</b>	<b>Subtotal</b> \$ _____
	<b>Total</b> \$ _____

Dues are payable 1 December 2011. Dues are delinquent after February 15, 2012. A \$25.00 late fee will be assessed after February 15, 2012 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 go to the GDS  
 website-georgiadentalsociety.org and use PayPal

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