

# Membership Application and Dues Statement 2020

Membership period is for calendar year January 1, 2020 - December 31, 2020

## 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"/> 2017/2018 Graduate | \$150.00   |
| <input type="checkbox"/> 2019 Graduate      | No Payment |
| <input type="checkbox"/> 2020 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**	\$ _____
<b>Subtotal</b>	\$ _____
<b>Total</b>	\$ _____

Dues are delinquent after February 15, 2020. A \$25.00 late fee will be assessed after February 15, 2020.

**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 \_\_\_\_\_