

# Membership Application and Dues Statement 2024

Membership period is for calendar year January 1, 2024 - December 31, 2024

## Personal Information

Check  New Member  Renewal \_\_\_\_\_ Year Joined \_\_\_\_\_ AGD Member

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
2020/2021 Graduate	\$150.00
2022 Graduate	No Payment
2023 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. Walker Endowed Scholarship Initiative**	\$ _____
Subtotal	\$ _____
Total	\$ _____

Dues are delinquent after February 15, 2024. A \$25.00 late fee will be assessed after February 15, 2024. **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 \_\_\_\_\_