

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. Walter 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 and use PayPal

Signature _____ Date _____