



JACKSONVILLE DENTAL SOCIETY

AN AFFILIATE OF THE NORTHEAST DISTRICT,
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

2950 Halycon Lane,
suite 301C
Jacksonville, Florida 32223

ANNUAL DUES STATEMENT FOR JUNE 1, 2020 – MAY 31, 2021

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Address: _____

Mobile #: _____ Office #: _____

Email Address: _____ License #(for CE credit) _____

I am interested in participating in [GIVE KIDS A SMILE](#) on Saturday, February (TBA) 2021. [CHECK HERE](#)

General Membership Fee includes:

- 4 Dinner meetings (total of 8 CE hours)
- Social night
- Spouses night for you and your spouse/guest

	Active General Member	Retired Life Member	Active Duty/Never before member
Membership Fee	\$295.00	\$110.00	\$195.00
If Received After Sept. 1,2020	\$310.00	\$125.00	\$210.00

There is a \$5.00 service charge for credit card processing

Please send check payable to Jacksonville Dental Society or Credit Card (at above address) by August 15,2020

Payment Type: Check# _____ Visa Mastercard Total Amount _____

CC# _____ CVV# _____ Expiration Date _____

Billing Address _____

Name on Card _____ Signature _____

For Questions please email/contact: Ms. Virginia Smith at jaxdentalsociety@gmail.com or (904) 513-8234