



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

450 State Rd. 13, Ste 106  
 Box # 451  
 Jacksonville, Florida 32259

ANNUAL DUES STATEMENT FOR JUNE 1, 2021 – MAY 31, 2022  
 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) 2022. [CHECK HERE](#) 

**General Membership Fee includes:**

- 4 Dinner meetings (total of 8 CE hours)
- Kick off social night
- Spouses night for your and your spouse/guest

	Active General Member	Retired Life Member	Active Duty/First time members
Half Day License Renewal	\$65.00 Non member \$150.00	\$65.00	\$65.00
Membership Fee	\$295.00	\$110.00	\$195.00
If Received After Sept. 1,2020	\$310.00	\$125.00	\$210.00

Please send check payable to Jacksonville Dental Society or Credit Card (at above address) by August 15,2021  
 Payment Type: Check# \_\_\_\_\_ Visa Mastercard Total Amount \_\_\_\_\_  
 CC# \_\_\_\_\_ CVV# \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**There is a \$5.00 Credit Card processing fee.**

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