



ANNUAL DUES STATEMENT FOR JUNE 1, 2023 – MAY 31, 2024
 PLEASE TYPE OR PRINT LEGIBLY

Name: _____
 Address: _____

Mobile #: _____ Office #: _____

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

We will be having a golf tournament to raise money for Give Kids A Smile in early October

I am interested in participating in [GIVE KIDS A SMILE](#) on Saturday, February (TBA) 2023. [CHECK HERE](#)

General Membership Fee includes:

- 4 Dinner meetings (total of 8 CE hours)
- Kick off social night AND Mid-year social.
- Spouses' night for you and your spouse/guest

	Active General Member	Retired Life Member	Active Duty/First time members
2 Social Events	FREE	FREE	FREE
Membership Fee	\$375.00	\$145.00	\$275.00
If Received After Sept. 1, 2023	\$400.00	\$155.00	\$300.00

Please send check payable to Jacksonville Dental Society or Credit Card (at above address) by August 15, 2022

Payment Type: Check# _____ Visa Mastercard Total Amount _____

CC# _____ CVV# _____ Exp. 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 or (904) 513-8234