

Stay connected to the  
Florida Dental Association!



**florida dental**  
ASSOCIATION

**DUAL MEMBERSHIP APPLICATION**

**Qualifications:** This category of membership is for a member dentist in good standing with the American Dental Association, who is not eligible for voting membership in the Florida Dental Association. This membership is for the Florida Dental Association only and does not include Florida component societies.

**Sampling of Benefits:** Professional Support ♦ Florida Dental Convention free pre-registration (\$295 savings) and member rate for courses ♦ FDA website “Member Only” access ♦ *Today’s FDA* Publication ♦ Free Online CE ♦ Access to FDA Crown Savings Program for discounts on products and services

**Dues:** \$100.00 per calendar year

**Personal Information:**

Full Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am a member of the \_\_\_\_\_ State Dental Society/Association.

Florida License Number (if applicable): \_\_\_\_\_ ADA#: \_\_\_\_\_

**Payment:**

My check is enclosed

I wish to pay with the credit card information provided below.

VISA/MASTERCARD/DISCOVER/AMEX (circle one) \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I certify that I am a member in good standing with the ADA and wish to apply for Dual membership in the Florida Dental Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I authorize the Florida Dental Association to charge the amount and term listed above to my card.)

**Return to: FDA via Fax: (850)561-0504 email [membership@floridadental.org](mailto:membership@floridadental.org), or mail:  
Florida Dental Association, 1111 E Tennessee Street ♦ Tallahassee, FL 32308  
Questions: Call our Member Relations Department at 1.800.877.9922.**