



florida dental

A S S O C I A T I O N

2020 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) 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:** 25% of FDA full dues per calendar year 2020 - \$118.00

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#: _____

My check is enclosed

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

VISA MASTERCARD DISCOVER AMEX _____

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, or
mail: Florida Dental Association, 545 John Knox Rd, Ste 200 ♦ Tallahassee, FL 32303
Questions: Call our Member Relations Department at 1.800.877.9922.**