

THE DUTCHESS COUNTY DENTAL SOCIETY, INC.
A Branch of the Ninth District Dental Association
P.O. Box 3748
Poughkeepsie, NY 12603
On the web at WWW.DCDSNY.COM

Thank you for your interest in membership in the Dutchess County Dental Society. I am the Chairman of the Membership Committee and I will guide you through the simple application process.

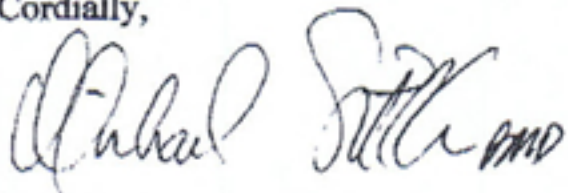
You will need to complete the Membership Application and return it promptly to me. Please enclose your check for the application fee shown on the application. Your application cannot be processed without that payment.

When I receive your application and payment, the process will begin.

1. I will invite you to attend a General Membership Meeting of the Society. They are held on the third Tuesday of each month, except July and August. You must attend at least one meeting as part of the application process.
2. I will invite you to meet with our Executive Board at one of their monthly meetings. The Board is the governing body of the Society. They will certainly be interested in getting acquainted with you. This is not in the nature of a job interview. It's just a get acquainted meeting and is low key. This meeting is optional on your part but I do recommend it.
3. When all application procedures are completed, I will propose you to the Board for membership.
4. When you become a member, I will introduce you at a General Membership Meeting. I'll offer you the chance to say a few words of introduction. This is not a speech, just a few words of acquaintance is all that's necessary.

And that's it. I'm looking forward to your application and to working with you toward membership in our excellence Society.

Cordially,



Michael Smith, DMD
Chairman, Membership Committee.

Mail Application and fee to:

Michael Smith, D.M.D.
115 New Hackensack Road
Wappingers Falls, NY 12590

Office Phone: 845-297-3950

Dutchess County Dental Society
A Branch of the Ninth District Dental Association
Application for Active Membership

PLEASE PRINT

This is my application for membership in the Dutchess County Dental Society. I have enclosed the application fee of \$ 25.00. I understand this fee is not refundable and that it is good for one year from the date of this application. I understand that I must attend at least one General Membership Meeting at the non-member (non-subsidized) meal cost but with no charge for the scientific session. Additionally, I will receive the Bulletin. If I do not attend the required meeting and achieve election to membership within a year of the date of this application, I must pay a new application fee and apply again.

Name (First, Middle Initial, Last): _____ [] DDS [] DMD

Office Address: _____

Office Phone: () _____ Office FAX: () _____

I am: [] Owner/Partner [] Associate of _____

___ General Practice ___ Practice Limited To _____ Board Certified? Y N

Home Address: _____

Home Phone: () _____ Home FAX: () _____

E-mail address: _____ Web Site: _____

Dental School: _____ Year Graduated: _____

I am a member of the Ninth District Dental Association [] NO [] YES

NYS License No. _____ ADA No. _____ AGD No. _____

_____ Date ___/___/___

(Signature)

Below This Line Is For Society Use

Application Rcvd ___/___/___ [] Check Rcvd

[] Treasurer Notified [] Added to Mailing List ___/___/___

General Membership Meeting Attended: ___/___/___

___/___/___ [] Approved by Executive Board [] Not Approved by Executive Board

___/___/___ Presented or Announced to Membership at General Membership Meeting

Now Give Application or Copy To Secretary

[] Welcome Letter Sent By Secretary ___/___/___